THE ALABAMA
MEDICAL JOURNAL.

VOL. 12. OCTOBER, 1901. NO. 11

Original Communications.

THE PRESIDENT'S ANNUAL ADDRESS.*

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(Abstract.)

For the distinguished honor conferred on me at our last meeting in my election to the Presidency of this association, numbering among its members so many leaders in gynecology and abdominal surgery, I beg first of all to return my most profound thanks. The association occupies a unique position among our national special societies. It has overcome difficulties and accomplished results scarcely equalled and not excelled by any other special organization in this country. Its foundation was a necessity, it being admitted even by the members of the American Gynecological Society that that society was not sufficiently representative. Dr. Marion Sims, who in 1880, in his Presidential address, urged the increase of the limit of membership from 60 to 100, which was done in 1884, said: "It is not to be denied that there is a very large element of discontent among men who are our equals in everything, and who might be organized into a formidable rival national association. Dr. Theophilus Parvin, in his address in 1893, made this statement: "These words (Dr. Sims') were prophetic, the prophecy is history and there is a formidable rival national association. That association numbers many able members and has done very creditable and useful work." It was after our association was established and its success assured that the Gynecological Society began a general and active canvass for fellows and increased its mem-

*Delivered Sept. 18, 1901, at the Cleveland meeting of the American Association of Obstetricians and Gynecologists.

bership from 58 to 94. Its fellows were able men—leaders as a rule, and as a society it gave prestige to American gynecology, but there were many of their peers who had not been encouraged to become members, and on the contrary a number of distinguished and able workers had been denied this privilege.

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It was natural for some men who were invited to come into our association to prefer the older and well established organization, hallowed by the names of so many of our distinguished countrymen and for a number of our members to go into that society. The great majority, however, preferred the new organization, projected on a broader plane and would not yield to inducements to give it up—and as a result this society has increased in number and influence and no one can deny that it is a representative American association of our foremost gynecologists and abdominal surgeons. Its thirteen volumes of published transactions are in every way highly creditable to American gynecology. They are not excelled by the published work of any other American society and reflect the greatest credit upon our members and especially the ability of our scholarly secretary—to whom we owe so much for the present high position this organization occupies. He has been its sculptor, and in the language of our first President, Dr. Taylor, "Upon the obelisk of the association, erected by the earnest work of its members, there will stand in imperishable letters the name of Wm. Warren Potter." I wish that time would permit my mentioning the names of those noble, earnest workers who joined Drs. Potter and Vander Veer in projecting and establishing this great association.

The association's first President, who served a second term, closed his last address in these words: "The recent advancement in all departments of science and the wonderful practical application of newly acquired facts disarm incredulity and we dare place no limit upon the possible acquisitions of the near future. The Utopias of today may be the familiar dwelling places of tomorrow; and actuated by the noble sentiment which so characterizes our profession, of seeking the truth for the truth's sake, we may be sure of grand additions to our knowledge and skill, and I can utter no better benediction than the hope that this association may bear it full share of making these acquisitions." Today I am able to state with much pride that many of the mooted questions in abdominal and pelvic surgery have been made clearer by our fellows and that they have added materially to our store of knowledge.

The need of specialism in the profession and of special societies for the promotion of the several specialities have been ably and most exhaustively treated by our foremost men. The national special so-

cities have wielded a wonderful influence in the profession and have added greatly to our reputation abroad. Our medical literature has been enhanced in every way through them. They have been incentives to higher aims and better work in all departments. As individual societies they should be encouraged, but their union into a National Congress or Association is not conducive to the best interests of the American profession. The greatest and most influential organization of the United States should be the American Medical Association. Both the specialists and the general practitioners of this country should belong to the association and take pride in their membership and exert their best energies in behalf of its meetings as urged by our fellow, Dr. Wright. Many of our ablest men, as claimed by him, have been conspicuous by their absence. Failure to be an active contributor to the work of this national organization should be a justly deserved reflection on a prominent physician whether he be a general practitioner of a specialist. Several years ago there was some reason for the want of interest in the organization, as there was too much politics and too little scientific work. However, for the past few years the scientific work of the sections has been of a high order and a great deal accomplished in the time allowed. With the adoption of the new organization providing for the House of Delegates to take charge of all business matters and questions of a judicial or personal nature, more time will be provided for scientific work—the sections having as many sessions as provided for the meetings of our national special societies. The special societies, composed as they are of leaders in the several specialties, are under obligations to the American profession to assist in the better organization of these sections. Many of the members of these societies are officers and active working members of the sections of the American Medical Association and can accomplish this result. There must be one class of membership for the section that can be held by only those who are recognized as teachers and leaders in order to make membership very desirable and sought after. I would suggest that this class be known as Fellows and that they pay, in addition to the annual dues of the association, $5 annually for section dues, which fund should be expended in the publication of the proceedings of the section. The officers and authors of papers should come from the Fellows. All members would have the privilege of taking part in the discussions and thus an opportunity would be provided for the ordinary or association members to show themselves worthy of a fellowship. Such an organization of the sections with volumes of transactions, publishing a list of the fellows, would give stability and a permanency to the section work that could scarcely be had in any other way. With the House of Delegates for the general

association and the Roll of Fellows and Association Members for each of the several sections we would become the most scientific and influential medical organization the world has ever known.

The American Association of Obstetricians and Gynecologists has it in its power to so organize the Section of Diseases of Women, and the members of this section, I believe, couldd induce the leaders in the other sections to adopt the plan outlined or something after that plan. It is not enough that we should succeed as specialists and that our special societies should succeed, but they should prove a source of strength to the entire profession which can be best subserved by strengthening the American Medical Association—making it not only a power in scientific work, but giving it the prestige which will enable scientific medicine to receive due recognition from our national government. If our Fellows shall accomplish as much they will have rendered the medical profession an invaluable service.

SURGICAL TREATMENT OF BILIARY CALCULI, WITH SPECIAL REFERENCE TO HEPATOTOMY.

The remainder of the President's address was confined to the principal operative procedures for cholelithiasis. He favored cholecystotomy, as a rule, for gall-bladder and cystic duct calculi. He said: "Much has been claimed within the past five years for cholecystendysis, with or without drainage of the abdominal cavity. While this operation has something to commend it, being simple and obviating the disagreeable discharge of bile, from three to four weeks, from a fistula, yet its field is limited when the etiology and pathology of cholelithiasis are given due consideration. Stagnation of bile with altered epithelium and infection from the typhoid or colon bacillus as found in many cases, where there is no evidence of infection from the character of the fluid in the bladder, would contraindicate its closure. If stones should be found, where an examination of the gall-bladder is conducted through the abdominal incision made for the relief of pelvic disease or other abdominal trouble, cholecytendysis might be performed with advantage." He advised strongly against the operation as performed by Kelly. The primary incision in the abdomen should be closed and the opening made as in the classical cystotomy. Cases in which calculi would be found by this method are not associated with inflammatory changes, and are the ones who go through life without symptoms referable to the gall-bladder being found at the autopsy or in the dissecting room.

Cholecystectomy was reserved for stricture of the cystic duct, inflammatory changes which greatly endanger the walls of the bladder, and malignant disease. In discussing stone in the common duct, he

said: "Choledochotomy without suture is called for in the large majority of common duct stones. Suture of the duct may be practiced if the patient's condition has not been rendered serious by much suffering and protracted jaundice, and if the duct is enlarged and not markedly inflamed. Gauze drainage should be resorted to in all cases, it matters not how carefully the stitching of the duct has been carried out. The time required for suturing the duct adds very greatly to the gravity of the operation in cholemia of long duration. It would also be contrary to surgical practice elsewhere to suture when offensive infected bile escapes from the duct. Morison's pouch, which will hold nearly a pint of fluid, makes drainage in this location entirely satisfactory. The lumbar stab is preferred by some surgeons, but the entire safety of transperitoneal drainage has been abundantly demonstrated. Kehr, who has done more gall-stone operations than any other surgeon, claims that he first advised the open treatment of the duct, but it is known that he is in error as the operation has been urged for the reasons he gives, in this country, since the early part of 1892, at which time experiments were conducted by me on the lower animals and reported to the American Medical Association. At that time and for some years afterwards it was admitted by surgeons that the operation would succeed on normal organs with normal bile, but not otherwise. I afterwards induced pathologic changes in the biliary passages and demonstrated that the operation was successful in infected and enlarged ducts. Experimental and clinical experience demonstrate conclusively the safety of the operation."

At the Indianapolis meeting, two years ago, he reported two cases in which hepatotomy had been done in obstruction to the biliary passages. The operation is indicated in cases of obstruction with enlarged liver where the gall-bladder or duct cannot be isolated or if the patient's condition from exhaustion and cholemia will not permit of a protracted search for the bladder or ducts. After the patient's condition is better, a radical operation may be done. Hepatotomy will only exceptionally be called for, and the cases will be fewer as the surgeon's experience increases in choledochus operations; for he will then be enabled to better locate the bladder and ducts so much changed by inflammatory processes. In addition to the above indications, he thought the operation should be resorted to in hepatitis before it has reached the stage of pus formation, if the liver does not rapidly become smaller after drainage of the biliary reservoir or the duct. His attention was first attracted to the value of the procedure in a case in which the amount of pus removed was not more than half an ounce, but in which the division of the biliary canals resulted in the

escape of large quantities of bile for many weeks. In December, 1898, he had done hepatotomy on one case in which there was a movable stone in the common duct, and in the same month in a case of obstruction of the hepatic ducts by malignant disease.

In July and August of this year he had conducted a number of experiments on dogs to determine the value of incisions in the liver in relieving biliary obstruction. Five dogs were killed and the liver injected with fluid either through the gall-bladder, the common duct having been tied, or through the common duct. Incisions were then made in all parts of the liver, with the result that streams of the fluid would issue from the bile canals and general oozing of the fluid from the wounded surfaces of the organ if much force was used. Six were anesthetized and the liver injected as above, and this fluid with blood would flow, as a rule, freely when much force was used in injecting the fluid. Four had the common duct tied, and after twenty-four hours the same experiment was conducted under anesthesia, with similar results. In nine the common duct was ligated and gauze packed around the field of the gall-bladder and ducts. After from twenty-four hours to a week the liver would be incised in one or more places, and as a rule the bile escaped satisfactory through the gauze. It would be very dark after prolonged obstruction. Two of the dogs died and the others were killed in from five days to two weeks after the second operation. Before killing them and while under the anesthetic, fluid was injected through bladder or duct, and would flow from the wounds which had been previously made in the liver and also from incisions made at that time. Five had the gall-bladder removed and the cystic and common ducts ligated, but as gauze was not used at the time of operation to wall off the general cavity, they died in from twenty-four to forty-eight hours from the escape of bile, with shock.

With the advance in choledochus surgery, the field for cholecystenterostomy grows smaller.

He was assisted in his experimental work by Dr. R. E. Hogan, of Birmingham.

INTRAVENOUS SALINE INFUSION.

By J. M. Mason, M. D.,

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The history of the transfusion of blood dates back to the days of the earliest physicians, who conceived the idea that with a renewal of fresh young blood, there might also be a renewal of youth. The sorceress Medea is said to have injected the blood of healthy young men

into the veins of old men, who hoped that, thereby, their youth might be restored. (Reference, Hand Book Medical Sciences—Howe).

It is also stated that one of the early Popes received this treatment, in the hope that his rapidly failing strength might be restored. In the 15th century the operation began to be practiced more generally with some success, using blood both of human beings and of the lower animals, but some fatalities which occurred brought the operation into disfavor, and finally it was legally proscribed. (Howe).

In 1825 Dr. James Blandell again revived it, experimenting first on animals, later on human beings. After several fatalities he made some successful operations which established it as a rational procedure. (Howe).

Dr. Joseph Howe, in 1875, used transfusion successfully, and its employment became somewhat general. (Howe—Reference Hand Book of Medical Sciences).

In 1850 Dr. Hadden, of Toronto, employed milk instead of blood and for twenty-five years that substitute was tried with varying success.

In saline solution, in the strength of 6-10 per cent., we have, however, a substitute for both these media, acting more satisfactorily than either, and void of the dangers of both.

The scope of my paper does not allow me to go very far into the history of saline infusions, but I will can attention to some points in the history, attempting afterwards to present to you its more practical aspects.

In Pepper's Practice of Medicine Magendie is reported to have given to a patient suffering from hydrophobia, two pints of warm water intravenously, with the result that his pulse fell from 150 to 80, his thirst was relieved, and the power of deglutition returned. He finally died from septic arthritis.

In the treatment of Asiatic Cholera, salt solution, intravenously and by hypodermoclisis, has been used since early in the 19th century, Rumph (Twentieth Century Practice of Medicine) claiming that the intravenous method is the older.

In 1831 Latta and McIntosh, of England, treated 162 cases by this method. Hayem also used it, giving 1 1-2 to 2 1-2 litres at temperature of 98 1-2° at one sitting. He never noticed any injurious effects, and in ninety cases of cholera in the algid stage, so treated he reports twenty-seven recoveries.

Bull, Wier, Little and others have taken up the study and practice of intravenous saline infusion, and with the advent of modern surgical technique, its dangers have been banished and its use has been firmly established.

The various ways in which saline solutions can be introduced into the circulation are: First, by the rectum; second, intraperitoneally; third, subcutaneously; fourth, intra-arterially; fifth, intravenously.

I consider saline solution as one of our most valuable therapeutic agents, and, therefore, none of the methods of its administration are to be condemned.

Clarke, in Progressive Medicine for June, 1900, says: "However introduced, salt solution increases the volume of the blood, lessens its specific gravity, stimulates the cardiac ganglia, and accelerates circulation."

"The functions of the skin, kidneys and intestines are greatly stimulated, and, in fact, all the organs of the body functionate better under its influence."

He claims that the administration of saline infusion, per rectum, with patient in Trendellenburg position almost eliminates the intense thirst which follows operations with the administration of ether. He recommends in all operations where an anaesthetic is used, that one or two litres be given, per rectum, for the alleviation of thirst.

For the past four years he has left in the paritoneal cavity, after every abdominal operation, at least one litre of normal salt solution, claiming for it that infectious material is diluted and rendered less toxic; also that great stimulation and a large increase in the secretion of urine follows its rapid absorption.

Intra-arterial infusions are admitted to be more dangerous than intravenous infusions, and are not usually so much employed. Some claim that hypodermoclysis acts fully as well, and almost as rapidly as intravenous infusions, and on account of the simplicity of its administration, they use it to the exclusion of the intravenous method, but with the loss of some lives, I am inclined to believe.

I claim for intravenous saline infusion a distinct field of usefulness. Where it is indicated, I would no more wait for the results of hypodermoclysis than I would think of giving a dose of strychnine by mouth, in some case of sudden emergency, when I had my hypodermic syringe at hand.

Bovee claims that the only cases in which intravenous saline injections are indicated are those of severe hemorrhage. But in every case of collapse or shock, whether from hemorrhage, sepsis toxemia, or injury, the quickest and most certain results are obtained by the intravenous use of salt solution.

In cases of collapse we have a feeble rapid pulse, sometimes imperceptible; cold clammy sweats, sighing respiration, often loss of consciousness, and impending dissolution. In every such case the sav-

ing of a few minutes time may mean the saving of the life of your patient.

Here salt solution may be put under the skin or in the rectum, but it remains there. Absorption is so slow that it does but little good. I have several times had occasion to prove this, by giving 1000 to 2000 c. c. by hypodermoclysis only to see my patient continue to grow weaker and to rapidly and promptly respond to saline solution given in the veins.

With proper attention to details, the introduction of salt solution into the veins is practically free from danger. The apparatus is simple and is in easy reach of every surgeon and obstetrician.

The solution is quickly made by adding 1 dram of sodium chloride to the pint of water. The solution should be sterilized by boiling and should be strained, to filter out any particles of salty matter, and should be kept at a temperature of 105°F. to 120°F.

The apparatus necessary consists of a sterile reservoir, which may be the bag of a fountain syringe, a glass funnel, or a glass bottle, such as Kelley uses. To this is attached several feet of rubber tubing, and at the end of this tube is a small canula. It is well for the rubber tubing to be interrupted with a section of glass tubing, so that the rapidity of the flow may be watched; also in order that any solid particles or air bubbles may be seen and the infusion stopped before they enter the vein. A thermometer should also be at hand to indicate the temperature of the solution.

The instruments required are 1 roller bandage, 1 scalpel, 1 pair scissors, 1 or 2 dissecting forceps, 1 or 2 artery forceps, a probe with a split eye or an aneurysm needle, some ligature material and suture material.

Any superficial vein may be used for the infusion, but one of the veins at the bend of the elbow is generally selected, preferably the median cephalic. After sterilizing the field of operation, the steps are as follows:

1. The roller is tied around the limb above the point where the vein is to be exposed, and thereby the vein is brought into greater prominence. If the vessels are very empty, this is very much helped by letting the arm hang down and gently stroking it from above downward.

1. A small skin incision is made over the vein, three-fourths to one and one-half inches being as long as is usually required.

3. The vein is picked up with the dissecting forceps and freed from the surrounding connective tissue.

4. The eye of the probe or the aneurysm needle is passed under

the vessel, is threaded and then withdrawn, bringing with it two strands of thread, which on being cut, give us two ligatures around the vessel.

5. The distal ligature is tied, so as to prevent breakage from the cut vessel from below. The upper ligature is not yet tied.

6. The vein is lifted from its bed by traction on the upper ligature and a cut is made into the vessel, either longitudinally with the knife, or preferably as I am in the habit of doing, by cutting through 3-4 of the vessel with a snip of the scissors.

7. The assistant now hands the canula to the operator, after first seeing that the solution is freely flowing, thereby presenting access of air to the vein.

8. The canula is introduced an inch or two into the vein, the bandage is loosened and the solution flows freely into the vessel.

9. The upper ligature is now tightened about the canula with only one knot, and this prevents back leakage of the solution, also entrance of air around the canula. When the infusion is finished, the upper ligature is tied as the canula is withdrawn, the wound is closed and aseptically dressed.

When the solution is flowing freely, a distinct thrill is imparted to the finger if placed over the vessel just above the end of the canula. Care must be taken not to elevate the reservoir too high, for fear of introducing the solution too rapidly and over-distending the heart. A safe rule is to regulate the flow as to allow 1 pint to enter in 15 minutes, (Haynes Sou. Cal. Practitioner,) though I have frequently introduced twice this quantity in this time with decided benefit and no bad effect.

The dangers that have been attributed to the procedure are:

1. Sepsis, as in the Magendies case; which may be banished by sterilization.

2. Air embolism which may be prevented by having the fluids flowing freely when the canula is introduced and by not allowing the reservoir to become empty.

3. Embolism from solid particles, which may be avoided by straining the solution.

4. Over distension of heart and vessels by too much or too rapid introduction of the solution.

The rapidity can be easily regulated, and the danger of giving too much solution is one that I believe to be considerably overrated. I think much harm has resulted through fear of this, by stopping the infusion before enough has been given to be of any benefit.

My experience with the intravenous use of saline solutions began in 1895, in the clinics of Matas, Lewis, Bloom and Parham, in the Charity Hospital, of Louisiana, in New Orleans.

Prof. Matas paid great attention to the subject, and his repeated directions were, do not be guided by the quantity you have used, but by the condition of your patient! He claims that the blood vessels of the body will contain several times as much fluid as there is blood normally, so that in any case of collapse or haemorrhage, reaction will take place, if it comes at all, long before the danger point from distension is reached.

The following are some of the cases in which I have used the solution, and will demonstrate to you what we may expect from it:

Case 1. Consultation with Dr. Riggs. Collapse, following shock and haemorrhage from vaginal hysterectomy. The patient left the operating table suffering from profound shock. The pulse was 160, weak and irregular. Stimulation by strychnine, whisky and heat did not revive her, and 3 quarts of saline solution were given intravenously, with the result that the pulse promptly fell to 124, with corresponding improvement in other symptoms. In two or three hours the heart began again to show signs of failure, and 2 quarts more of the solution were given, with reduction of pulse to 120. After this it gradually became slower and she made an uneventful recovery.

Case 2. Uraemia. In dropsical or oedematous conditions but little if any fluid will be absorbed from beneath the skin, hence the intravenous method is specially indicated, preliminary bleeding being resorted to if pulse is full and of high tension. Mrs. A., aged 63, was seized with convulsions about 3 p. m., Jan. 25, 1901. A urine specimen showed albumen, hyaline and granular casts, etc. Her limbs very oedematous, pulse weak, rapid and irregular. The usual treatment by diaphoretics, diuretics and cathartics caused no improvement. During the 12 hours following only 1 ounce of urine was secreted and another convulsion occurred at 5 a. m., which left her in an extreme condition. 1500 c. c. of salt solution were given in the median basilic vein. In 15 minutes there was profuse perspiration During thg 24 hours following the delirium began to clear up; the secretion of urine increased, the bowels moved well, and she made a prompt recovery.

Case 3. Consultation with Dr. Jordan. Traumatic gangrene. This patient, a colored man, sustained a fracture of the leg, and a rapidly spreading gangrene set in. During the morning he began to fail, and hypodermoclysis was practiced until about 4 p. m. His condition at that time was critical. His only hope was in an amputation and he was too weak for that. His pulse was 160, irregular and intermittent. There was also delirium. He had showed no improvement from the subcutaneous infusion.

2500 c. c. of salt solution were given in the veins, and his pulse became full and regular, and fell to 114. His delirium disappeared, and his condition was considered sufficiently favorable to justify amputation. This, however, he flatly refused, and finally succumbed to the sepsis.

Case 4. Consultation with Dr. Riggs. Obstructive jaundice. One week after operation for cholelythiasis, accompanied by intense jaundice, this patient rapidly developed signs of collapse. At 5:30 p. m., May 30, his condition was good, with pulse 80, and by 9 p. m. I found it 120, and he was covered with cold sweat.

1500 c. c. of saline solution were given intravenously and pulse fell to 94. During the night he sank rapidly, and at 6 a. m., I found him in a worse condition of collapse with pulse 136, very weak, and irregular and with no volume. At that hour the materials for the intravenous infusion were not obtainable and 1500 c. c. were given under the skin. Three and one half hours later his condition was worse, no improvement having resulted from the hypodermoclisis. His pulse was 144; 3000 c. c. were given intravenously and his pulse fell in half an hour to 120. At 12 o'clock, two hours later, it was 112; at 1 o'clock it was 106; at 2:30 it was 99; at 5:30 it was 90; at 11:30 it was 80, where it remained for three days, when he began to fail again. On June 2d 1000 c. c. were given by hypodermoclysis, with no change in his condition.

On June 4th, while being dressed, 1000 c. c. were given by hypodermoclysis, during which time the pulse failed rapidly and became imperceptible. 2000 c. c., given in the veins, brought back its volume and reduced it to 120, at which it remained all day.

3900 c. c. were given in the veins at 8:00 p. m., reducing it again from 130 to 120, after which he finally succumbed. In six days this patient received by the veins 10400 c. c. with distinct and decided benefit each time and with no sign of circulatory embarrassment. He also received 4050 c. c. subcutaneously, without any sign of benefit at any time. In these last two cases, if the cause could have been removed, the patients would doubtless have been carried over the periods of depression and would have recovered.

I might further add a case where collapse followed the removal of a 10-pound spleen and 2 quarts of the solution revived and saved the patient; also a case of severe hemorrhage from stab wound of the femoral artery, as well as several cases of secondary haemorrhage from abdominal operations; shock from railroad injuries, etc.

Salt solution has been employed and is recommended, in all cases of collapse, shock, hemorrhage, infections and intoxications, exhaus-

tion, delirium tremens, and dangerous conditions after anaesthesia. And in any of these cases where the depression of the system is great, where the circulation is very weak, and where there is necessity for prompt results in our remedial agents, I want to urge the intravenous use of this solution.

What effect may we expect in administering this solution? I quote Rumph, on Asiatic Cholera. "Hardly have 3-4 of a litre of the solution heated at a temperature of 104°F. left the irrigator, when the pulse of the patient rises, deep respirations occur, stupor disappears, the grayish blue color of the skin gives way to a more reddish tint. The patient, who has been lying in an apathetic condition all this time, may open his eyes and request a drink; and, in short, there is hardly a trace remaining of the grave picture presented in the algid stage of cholera.

Warbasse, in the New York Medical News, March 2, 1901, reporting a case of delirium tremens, says of his patient: "The pulse became rapid and weak; temperature 105; skin cyanotic and bathed in cold perspiration. The delirium was of the low, muttering type."

1200 c. c. of saline solution, at a temperature of 116°F. about the following changes: Circulation rapidly improved, delirium subsided, he regained consciousness, all within a few hours. Next day his temperature was 99° and he rapidly recovered."

As graphically as these improvements are pictured, they are not overdrawn, for such results may be seen by any one of you who will practice intravenous saline infusion.

One matter of special importance is the temperature of the solution. Rumph recommends 104°, Warbasse 106°, Clark 105° to 120°.

Rumph says that in treating Asiatic Cholera, no reaction is obtained with the solution at 87° to 93°F., but the most surprising results occur with a temperature of 104°F.

A further matter of interest is that in cases of extreme collapse the vein may be opened without any anaesthetic and without pain to the patient; and in any case a few minims of a cocaine of Eucain solution will render the incision painless.

As you have seen, the technique of the operation is simple, and if any skill is needed in securing good results, it is that skill which arises from a sufficient experience with it to judge how much solution to use in a given case. My own plan is to keep the solution at a temperature of 105° to 115°; to keep one hand on the pulse to observe its frequency and volume; to note the color of the face and to wait for a distinct change in its expression before discontinuing; and, finally, after the pulse has become full strong and regular, to give

200 to 500 c. c. additional, in order that the heart may retain the strength already gained.

A claim in favor of hypodermoclysis is its greater simplicity. This is true, but against it I advance its lessened effectiveness.

Every surgical or obstetrical case may, on the shortest notice, demand intravenous infusion, and arrangements should be made in advance, in every such case, to use the solution when it is needed.

In medical cases the need for its use may be foreseen, and time may be taken for the necessary preparation.

A special indication for intravenous infusion is in those cases where hypodermoclysis has had no effect, and where the solution has not been absorbed from beneath the skin. Cases 3 and 4 will illustrate this point.

Clark states that pneumonia, pleural and peritoneal affusions, enlargement of the liver and spleen may follow the use of large quantities of saline solution, but I have never seen any of these complications.

The only symptoms which I have observed which would cause alarm, have been a chill and profuse sweat in some cases. I have never seen any harmful results follow the chill, and by having your solution hot it may be avoided; while hot blankets and hot stimulants will relieve the condition if it should occur.

MATERNAL IMPRESSIONS.

By Thos. D. Parke, M. D.,

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An editorial on "Maternal Impressions" appeared in the February issue of the Journal. The limitations of an editorial did not permit of elaboration, but as misconceptions of the position taken have arisen, it may not be amiss to further discuss this time-worn subject. It would seem that upon an embryological question like maternal impressions, the data furnished by human and comparative embryology and physiology would allow of no differences between physicians; yet, the belief in the reality of this superstition of hoary antiquity is so firmly fixed in the mind of the laity, that many physicians are not able to cast off the bias of their earlier lay impressions.

The ovum of the fish is extruded into the water, is impregnated in the water by the extruded milt of the male, forms entoderm, blastoderm, ectoderm, from which layers all the tissues of the foetal fish body are developed and, at the completion of its foetal term, begins independent existence.

The female bird extrudes an ovum already impregnated and encased in nutritive material. If furnished the requisite heat, air and moisture, it develops entoderm, blastoderm, ectoderm, the area vasculosa, the heart of a single tube; then, the allantoic circulation with a double heart, and at the allotted time, breaks the shell to begin independent existence in external media.

The fertilized mammalian ovum, including the human, develops the entoderm, blastoderm, ectoderm layers, the area vasculosa, the heart of a single tube, the branchial arches opening into the anterior intestine. Next, it develops the allantoic circulation of the birds and lastly the placental circulation—thus rehearsing in the nine months of human foetal life, the ancestral history of the race.

The ovum of the mammalians is not extruded from the body of the female, but is furnished within her body, food, heat and oxygen as required. It seems likely, however, that during the first few days the impregnated ovum lives on its own contained pabulum. If the ovum lodges in the uterus it grows to foetal maturity in that uterus. If it lodges in a Fallopian tube and ruptures into the abdominal cavity, it grows as well in that cavity.

No connection can be alleged to exist between the foetal fish or bird and the mother. No connection can be shown between the circulatory or nervous systems of the mammalian foetus and mother, whether in the area vasculosa stage, the allantoic stage, or the placental stage. The connection is most intimate during the placental stage, but the chorionic epithelium covering the placental villi furnishes a separating barrier between the two systems.

The foetal blood circulating in these villi—bathed as they are in the maternal blood—supposedly takes up nourishment, including oxygen, and give off carbon dioxide, very much as blood circulating in the capillaries of the lungs gives off carbon dioxide and takes in oxygen.

The foetal blood differs from the maternal blood. White corpuscles are not found in the human foetus till the fifth month. The red cells are all nucleated up to the fourth week. At the third month about one-sixth are nucleated. At the fifth month they are still numerous and do not disappear till birth at full term. In the early stages the red cells are of two kinds: The ordinary nucleated red cells that persist throughout foetal life, and larger nucleated cells—two to four times as large—such as are found in fishes.

A virus of syphilis, or of small pox, for instance, circulating in the mother's blood is known to infect the foetus and it can readily be imagined how such a virus or even bacilli might pass through the barrier of the chorionic epithelium. It can readily be imagined that a mother's general condition can be such that her blood will afford

improper nourishment to the foetus and thus inhibit or even prohibit the growth of that foetus; but it may not be readily imagined that nervous impressions can be transmitted where there are no conducting nerves.

Blood from one person, transfused directly into the veins of another, has never been known to convey nervous impressions from the giver to the recipient. Serum from horse blood is continually being injected into human beings without imparting any equine nervous impressions or characteristics. The explanation can be found in the ordinary teaching of physiology—that the function of the blood is not to carry nervous impressions but, so far as the nervous system is concerned, to carry food and take refuse from the neurons. Only nervous tissue can originate or transfer nerve force. Yet, the Maternal Impressionists insist on the transference of nerve force between mother and foetus in face of the teachings of physiology and in face of the biological truth that the two systems are separate and have no nerve or circulatory connections.

Deformities occur in the vegetable kingdom, as they occur in the animal kingdom from lowest to highest. For obvious reasons, maternal impressions cannot account for deformities in fish. The bird carries the impregnated ovum in her body for some days while accumulating nutritive material around it, but as foetal growth only begins after proper incubation environment is furnished, the frequent frights received by the industrious hen have not been assigned as causes of deformities in chicks. Only among the mammalians are maternal impressions claimed to produce baneful effects. Before the rise of embryology doubtless all cases of branchial fistulae and the persistence of Maeckel's Diverticulum were laid at the door of maternal impressions, but now we know that the one dates back to the fish stage of the foetus—the other to the bird stage and that both are normal in their respective stages to every human foetus. Every physician has known pregnant women bowed down with grief or shame who have brought forth children displaying the sunny dispositions transmitted to them through heredity at the moment of impregnation. Every physician has known cheerful pregnant women who have borne morose children as a result of hereditary transmission. All the latent possibilities of every human being date from the time of impregnation. Environment may mar the foetus, may mar the infant at birth, the infant at the breast, the child or the youth, but no analogy exists in nature to indicate that the pregnant mammalian can affect the foetus except by furnishing a vitiated blood supply.

Anger or other great excitement in the nursing mother may vitiate the breast milk and make sick the nursing infant, but it would hardly

be maintained by any one that there occurred a transference of nerve force.

It is just as logical to postulate the passage of nerve force or of psychic force—whatever that may mean—from the irascible sitting hen to the foetal chick as to postulate the passage of nerve force from human mother to foetus, since nerve or psychic force should be conducted as well through air as through blood plasma in the absence of transferring nerves.

TOTAL TUBERCULOSIS OF BOTH SUPRARENAL CAPSULES, WITHOUT ADDISON'S DISEASE.

Le Roy (Jour. des Sci. Med. de Lille, June 1, 1901) gives the history of a man of 39, of spare build but of previous good health, who sought treatment on account of an anal fistula. He recovered; but two months later was taken with headache and convulsions involving arms and legs, cerebral vomiting, paralysis of left side of face, drooping of left eyelid, right lateral deviation, Kernig's sign, incontinence of urine and feces—death. Necropsy showed a large cavity of long standing in the right apex, also an old, firm, complete pleural adhesion of same side. No tubercles in right lung. On left side, a few adhesions about apex, where three or four caseous nodules were found, also small gray tubercles through left upper lobe. Old tuberculous ulceration of small intestine. None in liver or spleen or kidneys. Suprarenal capsules were large, and their substance entirely usurped by caseous material. Tuberculous meningitis was also present. Though there are still adherents to the view that disease of the adrenals necessarily begets Addison's disease, such a contention is no longer tenable, as the above case proves. The adrenals have been totally replaced by metastatic sarcoma without the development of Addison's disease. Further, in some cases (12 per cent. of 684 cases according to Lewin) the adrenals have been found unchanged in typical cases of the disease. Experimentally, Brown-Sequard has shown that complete ablation of these organs is followed by death. Abelous and Langlois destroyed the adrenals of frogs by heat. Death followed in from twelve to thirteen days in a hibernating frog, and 48 hours in active frogs. In large animals, the animal survives if only 1-6, by weight, of an organ is allowed to remain. Again, the blood of an acapsulated animal, is toxic; when injected into a recently acapsulated animal, death rapidly ensues, due to paralysis; injected into a healthy animal, somnolence and profound weakness. (In the present state of our knowledge all that can be said is, that in the majority of cases Addison's disease is associated with an evident lesion of the adrenals,

and that both clinical and experimental evidence point to some disturbance of their function as the cause of the disease. It is possible, too, that some subtle change in the nerve plexus in the immediate neighborhood may be more or less directly concerned in some cases.—W. E. R.)—Int. Med. Mag.

OVARIAN SYMPTOMS AND THEIR VALUE AS EVIDENCE OF OVARIAN PATHOLOGIC CONDITIONS.

L. W. Atlee (Amer. Jour. Obs. etc., vol. 44, no. 284) in an exhaustive paper endeavors to demonstrate the ease with which symptoms arising from conditions other than diseasd ovaries may be confounded with the symptoms supposed to be given rise to by them. He claims:

That certain uterine pathologic conditions may cause symptoms which are most marked by pain referred to the regions we have been taught (erroneously, perhaps) appertain especially to the demonstrations of ovarian disease.

That in certain women, when the general health has deteriorated, though showing no pathologic condition beyond anemia of a mild grade, symptoms referable to the ovary are not infrequent.

That in a woman with a neuralgic dyscrasia, should the neuralgia develop in the lumbo-abdominal distribution, very confusing symptoms may arise.

In the peculiar condition sometimes seen in women passing large quantities of oxalate of lime crystals in their urine, the symptoms referable to renal, ureteral and vesical irritation may simulate or lead to a diagnosis of ovarian disease.

In the two great neuroses, neurasthenia and hysteria, we frequently have symptoms simulating those given rise to by true pathologic conditions.

The treatment indicated for reflex ovarian symptoms is the correction of the morbib conditions giving rise to them; and in the searching light of modern scientific medicine, with its numerous aids to a correct diagnosis, a better understanding of cause and affect in these cases, and hence a clearer and truer deduction from premises, we will find the indications for spaying narrowing themselves down to a quota that will make a very small figure when compared to those of a decade ago. The number of women who are now walking demonstrations of the futility of this measure are a lesson from which much may be learned, and they can cry out against such treatment in the words of Talleyrand, "worse than a crime, it was a blunder."—Memphis Med. Journal.

Selected Articles.

THE PRESS ASSOCIATION IN THE WEST.

By Mrs. Dr. M. N. Due,

BIRMINGHAM, ALA.

(Written for the Alabama Medical Journal.)

On June 21st the Alabama Press Association left Birmingham for the most delightful of its many charming trips. One hundred and thirty as happy people as ever commenced a journey composed this party.

Our trip was to the far west, that land of flowers and perpetual sunshine. Such anticipations; such happiness filled each and every one with joy at the prospect of visiting California. This trip will ever remain as an oasis in the memory of each one of us. What a pleasant time we had visiting each other; it was a great big house party on wheels.

Our first stop was at Memphis Saturday morning. There we were met at the station, and on trolley cars, taken to Floyd's, where we were served with a most delicious breakfast. Our hosts not satisfied with this, presented each lady with a bunch of roses and a souvenir; each gentleman was given a boutonniere of sweet peas.

After breakfast we were taken to the Cotton Exchange. Here we were again received with words of welcome. Then we took the cars and were shown the city. We saw many handsome buildings and beautiful homes.

We then returned to the station. A most cordial invitation was given us to remain longer, that we might be further entertained, but our time being limited, our secretary declined with thanks. After bidding our new friends adieu, we again started on our journey. Though many courtesies and much hospitality was shown us on our trip, we appreciated none of it more than that extended by our sister city. The most pleasant thoughts and best wishes for our new friends will ever remain with us.

We arrived in Kansas City the following morning for breakfast. We regretted we could not remain long enough to see something of this city.

Here we were taken in charge by the officials of the Santa Fe and every kindness was shown us by them. They left nothing undone that would add to our comfort and pleasure. Any of our friends desiring

a pleasant trip to California can find no route more delightful to take than the Santa Fe. We will remember with pleasure their kindness and consideration. All of Sunday we passed through most beautiful fields of wheat—such an abundance of grain we had never before seen, and to us it looked as if all the world might be supplied from these vast fields alone. It was a surprise to us to see the farmers gathering their grain on the Sabbath day, but we were informed it was necessary for the farmer to gather at once as soon as it was ripe, and that they often worked all night. We passed through Topeka, but did not see Mrs. Nation.

The Harvey hotels served us with the most delightful meals all along the route.

Being told we would be in Colorado early the next day, a party of us arose at 4 o'clock and watched the wild scenery from the platform of the rear sleeper. We were well rewarded for our early rising. The scenery is grand. We saw the sun rise in all his glory and it was a beautiful sight. First only a faint tint of pink in the sky, then gradually the sun appeared until he appeared in full and shone forth in all his glory.

How weird and wild it is in these mountains. Sometimes we would be high up on a mountain side, with an abyss thousands of feet below. Here flowers and trees covered the rough and scraggy mountain sides. The clouds could be seen as if resting on the high peaks, and the blue sky overhead. The pen cannot do justice to the beautiful scenery. Here we caught our first glimpse of the towering grand old Rockies and saw the little mud houses the Mexicans call adobe.

These dwellings are very picturesque. They are made of a gray mud and turf and cemented together. They have a flat roof and are built on the plains, where no kindly protection or shade is given by the trees.

Near Trinidad we climbed one of the highest peaks in the range. The summit of this mountain is 7,628 feet above the sea level. Descending on the other side we found we were in New Mexico. We took our first meal at Raton. Here we bought rubies in their uncut form for five cents. These rubies, we were told, are washed down from the hillsides and gathered by the natives and sold to tourists.

Passing through this part of the country we saw many Indians and Mexicans. The former had many trinkets and curiosities to sell. Some of the party tried to get kodak pictures of these gayly painted creatures, with their bright colored blankets and sandals, but they would turn their backs every time. They held out their hands and begged for money and eagerly caught the pennies thrown them. Our next stop was at Alberqurque, New Mexico.

We were met at the train by Mr. Trimble, a former Kentuckian, and being manager of the car line, he kindly offered us cars and took us over the city. Later we were joined by the mayor and his wife. We were shown an old church 385 years old. It was through the kindness of the mayor's wife we had the pleasure of entering several of the adobe homes. All adobe houses are nearly alike. The floors are made of a gray cement, and a few rugs of bright color are scattered on the floors. The old part of the town is odd, and old looking, built of adobe dwellings. It is in striking contrast to the new portion of the town which is like any eastern town, the stores and residences are of stone and brick, and are very pretty.

After leaving Mexico we came into Arizona. We saw something of a sand desert as we passed 24 hours through it. A desert once seen, will always be remembered. It is truly bleak and barren. The heat is intense, the dust fearful. Occasionally we would come to a little town where we would take a meal. It is said to be very healthful here, but none of us cared to try it. This desert is a region of plains and mountains, barren of trees and vegetation. The sand is encrusted with alkali. The bold rocky mountains are grand in their very silence and loneliness. The very quietude fills one with awe. Not a creature to be seen for hundreds of miles, only the bleaching bones of unfortunate animals that have strayed in the desert.

Not a dwelling is to be seen, only the blue, snow-topped mountains towering in the distance. The sun beats down from above, and is reflected in the sand under foot. The air is so pure and dry that nothing decays. No odor is emitted from the dead animals by the road side. They dry up and are blown away. Arizona is a bleak, barren and mountainous country.

Leaving this desert we were told we would soon cross the canyon Diablo, a great gash in the earth 225 feet deep, and 550 feet wide. The wind as it rushes through sounds as if of distant thunder.

One fair maid from Montgomery and two gentlemen had their hats blown from their heads, and saw them settle hundreds of feet below.

At Flagstaff, away in the distance on the top of a high mountain, we saw the Lowell Observatory. There are two thousand inhabitants in this town. The scenery around Flagstaff is beautiful beyond description. The very mountains lift their heads high as if with pride at their grandeur. The skies are as blue as any where in the world. The soul is filled with delight at such surroundings.

We passed Saligman then came to the Needles. The Needles are three or four high peaks, towering thousands of feet upward into points.

Now we crossed into California and it was sunset. We saw the

sun dip behind the Rocky Mountains, and disappear from view. It was a charming sight. We had a jolly party and in the evening amused ourselves in many ways. We noticed after getting in California that many of the roads are sprinkled with crude petroleum, this they claim will prevent mud and dust. We noticed, too, how beautiful and rolling the land was and saw many herds of cattle, both cows and sheep.

At Fresno we were met at the station and taken to one of the hotels, where we were served with a most appetizing breakfast. Here we enjoyed the first delicious California fruits. After breakfast we were taken through the most beautiful drives to see the vineyards, the orchards of apricots, figs and olives. How beautiful it is here. The air is pure and clear, the flowers bloom and grow in the greatest luxuriance, and the palms and oleanders add great beauty to the drives as they grow of immense size on either side. The air is filled with the perfume of the flowers and to add to this scene, can be seen the snow-capped mountains in the distance. No more beautiful sight can be imagined. We were taken to the St. George winery and were there shown the largest wine vat in the world. It will hold ninety thousand gallons of wine at a time. Here was given us to try every kind of wine made here. After the drive we were taken back to the station and the hospitable people further added to our happiness by placing a quantity of fruit on board our train.

Our next and last stopping place before reaching San Francisco was the charming town of Stockton. Here again we were shown all of interest of that lovely place, and invited to bathe in their famous baths. Our party accepted with pleasure.

Now for San Francisco. Only a few hours after leaving Stockton and we were at the bay, nine miles from San Francisco. In crossing on the boat a most beautiful sight presented itself. The city is on a hillside and the electric lights sparkled and twinkled like thousands of stars and it grew prettier as we drew nearer. This was our first glimpse of San Francisco. The wind was strong and it was quite cold and jackets were a necessity. After reaching the wharf we took cars and went to the Pleasanton hotel.

We rose early the next morning, as the San Francisco Press had arranged a delightful program for the day.

San Francisco is a beautiful city. The air is pure and delightful. Not a cloud in the heavens, only the bluest of skies above. It is so cool that at all times a light wrap must be worn. San Francisco is a city of three hundred and fifty thousand inhabitants. It is hilly and many of the streets are very steep. The buildings are large and very handsome, some of them are magnificent. They appear to be made of stone or brick, but are of wood, on account of earthquakes.

The homes are so pretty and the flowers grow in the greatest luxuriance. Nowhere in the world do the flowers and palms grow more beautifully. Such beauty few of us had ever seen and it is needless to say how we enjoyed it all. No wonder so many go to California for the delightful climate, for men, women and children all through California are just pictures of health. In San Francisco we heard nothing of the Bubonic Plague we had read so much of only a short time before. We did not see any one who had the appearance of disease of any kind. There every one seemed so happy as if life in such a country was worth living. This is the Eden of America. Here the poet can write his sonnet, the artist paint the beauties of nature.

Mr. Harrison, the genial Secretary of the San Francisco Press, was as kind a host as can be found anywhere. He took us in charge and we were shown all of interest in San Francisco.

On June 27th, the Press Association was taken on the San Francisco Bay—on a vessel furnished for the occasion by the San Francisco Call, the largest paper in California. We were shown every attention and kindness by them. How we enjoyed this trip on the beautiful bay. We were furnished with a band which discoursed the sweetest music, and several charming ladies served us with lunch. Here we saw vessels from all parts of the world. We passed very close to the Battleship Oregon, which was anchored in the bay. We caught our first glimpse of the Pacific ocean. It has been correctly called the placid Pacific, for it looked so calm and smooth in the distance. We went to the Golden Gate where the bay joins the ocean. Here great hills stand on either side of the opening. It has been called the Golden Gate because the natural reddish color of the mountains seem to be turned into gold, as the rays of the setting sun are thrown over them.

In the evening the Press entertained us with a reception and musical in their rooms. The music was lovely; they had secured the best local talent of the city. After serving refreshments the younger people danced. The Call turned on its electric lights for the first time since the President visited San Francisco. This was truly a compliment, and it was duly appreciated. The Call building is a narrow, tall building on a corner, and is twenty stories high. This was lighted from base to dome with thousands of electric lights and when these lights, which had been so put in for the President's visit, were turned on, it was indescribably beautiful.

June 28 we found again we had a delightful program for the day. This time cars took us to the beautiful Golden Gate Park, one of the largest and most beautiful in America. It is difficult to describe the many charms of this park. It consists of hundreds of acres with

most beautiful drives and paths and green houses, filled with such rare plants. The trees, the palms, the flowers, the aviary, all make a paradise. After spending several hours here we went to the Cliff House. The Cliff House is built high up on a cliff beside the ocean, and from here we looked out upon the ocean. To the side it was low and we watched many bathers hundreds of feet below; the waves dashed with great force and noise on the rocks and out on the rocks many seals were lying sunning themselves. Above us a most lovely house and surroundings, and there, too, above us were the lovely baths. It was so indescribably beautiful and restful to us. We were loth to leave. After being served with a lunch, however, we had to leave, for other places of interest were still to be shown us. We visited the Call building and then we were informed we would be taken on the great battleship Oregon. It was a pleasant surprise to us. We were received by the officers of that ship with most cordial greeting and were shown by them all over it. After spending several pleasant hours on board we returned to the city. The evening was spent by our party in Chinatown.

This is a curious and most interesting place. There are about 40,000 of these Orientals that live in the seven or eight blocks called Chinatown. We visited their stores and bought many curiosities and we also visited the Joss House, their place of worship. What horrible demon like things their gods are and the temple was filled with a sickening smell of their burning incense. After looking at everything of interest here we left, glad to again breathe the pure fresh air. The Chinamen seemed interested in us and in their best English asked many questions. We saw a few of their women and children and they are ever more peculiar looking than the men. After spending several hours in Chinatown we returned to our hotel, feeling almost as if we had visited the real home of these people.

At Palo Alto is situated the Leland Stanford, Jr., University. Here we saw many handsome buildings, many of them unfinished. They are built around a court, in the center of which stands a life size bronze statue of Mr. and Mrs. and young Stanford. This is one of the most richly endowed universities in America. It is given in memory of the dead son.

At Monterey we saw many things of interest. It is one of the oldest historical places on the Pacific coast. Monterey is over three hundred years old and many old buildings are yet standing in a decayed condition, left to remind us of the past. Near Monterey is situated one of the most magnificent hotels of the West, Hotel Del Monte. The building itself is very handsome, both the interior and exterior, but the grounds to us was the most attractive. Such paths

and lawns and flowers. The walks were overhung with great shade trees, of various kinds and the lawns were filled with most beautiful flowers and immense palms. About fifteen hundred guests can be accommodated. After spending several hours there and wishing it might be weeks, we returned to our train.

The Improvement Club met us at San Jose, and as their guests, we had a most pleasant time. We were driven around those immense fruit orchards and to the immense prune packing house, where we saw thousands of bushels of prunes ready for packing. Prune raising is the chief industry here. We were then taken to their rooms, nine miles from the city and served with lunch. The Lick Observatory we saw from here. It is on the highest point of Mt. Hamilton.

At Paso Robles we took breakfast and went to the famous Hot Springs. Here the sulphur is so strong it is claimed to cure many diseases. The handsome hotel is almost always filled with invalids to take advantage of these baths.

San Louis Obispo we next visited. The chief attraction of this old town is its mission. This mission was established in 1772. We attended services and afterward took lunch at the handsome hotel.

We reached Santa Barbara in time for dinner. We were afterward taken to the old mission, which is truly an ancient one, and to us was the most interesting of any we had visited. We were shown around the old mission, its church and ancient cemetery by the Monks themselves. We went up into the tower and had a fine view of the surrounding country. We drove down on the Pacific coast and looked out upon that vast expanse of water. The old cemetery of the mission is quite small, yet we were told not less than five thousand had been buried there. There was the vault used for the dead Monks. The private garden the ladies were denied, for only two women had ever seen in it. Special permission had been given to let Mrs. McKinley enter, had she not been taken sick. In Santa Barbara we noticed the pepper tree at its best. It is a graceful tree and grows all through Southern California, but it seemed at its best here. The ivy geranium here covered the stone walls and was one mass of pink blooms.

We arrived at Santa Monica at night, but early the following morning most of our party took a dip in the ocean. But the Pacific is colder than the Atlantic and the bathing is not nearly so nice. We breakfasted here and from the dining room had a fine view of the ocean. The mist was so heavy we had to use our umbrellas to protect our hats and clothes from the dampness.

Then to Los Angeles. It might well be a city of the angels, for there is no more beautiful spot to be found than here. We met many

Alabamians who were glad to see us. The homes and the city itself is beautiful. The streets are broad and exquisitely clean. Great trees and palms border the avenues, and the yards look like green houses with their flowers and rare plants and shrubs. We were met at the station by the Chamber of Commerce and taken to their rooms. There we found much to interest us. Beside the various fruits raised in California, they had a collection of many old relics. In the afternoon we visited Passadena, the home of millionaires. This place was surprisingly beautiful. The homes were magnificent, with lawns, which looked like they were covered with carpets of velvet, and the flowers seemed to do their best. It shows what wealth can do, assisted by nature.

Between Los Angeles and Pasadena we visited an ostrich farm. We saw ostriches of all sizes. There was only one black one, the rest were of a brownish color. We saw the ostrich setting and their immense eggs. It was well worth seeing. The ostrich is not an amiable creature. We were warned not to get too close.

From Los Angeles we visited Riverside and here we rode through groves and groves of orange trees. We were kindly invited to go in to one of these groves and gather all the oranges we desired. This we did with great pleasure.

At Redlands we were again taken to the orange groves.

After leaving Redlands our last place to stop was at the wonderful California oil wells. We were surprised to see many of these wells bored far out in the ocean. The oil is very thick and has the strong odor and appearance of tar. The route from Redlands to Texas is very dry and dusty. At times passing through the desert, we could get no ice and we suffered with thirst. The dust would penetrate every crack of the train. Though terribly dusty it is dry heat and not so bad as our damp heat here. We saw a mirage while crossing the desert in Arizona and it is a thing of wonder. In the barren desert we suddenly saw in the distance a stream of water, so clear and blue with a back ground of mountains covered with trees and vegetation. We could imagine we saw the water drawn up in a mist from the stream by the sun. We could scarcely believe it was not real, but caused by the intense heat of the sun. This was the valley of death and many a weary traveler and tired beast had perished in trying to reach this false stream.

On July 3d we reached El Paso and were disappointed. We were too late for the reception provided for us the day before. We passed over the Pecos river. Here the bridge is the highest in the world and it seemed but a tiny stream of water so far below.

We were again late in reaching San Antonio, and were much disap-

pointed that we could not stop here. Many of our party were anxious to visit the Alamo.

We reached Beaumont in a hard rain, so we saw nothing of the wells. Our impression of the town is mud, poor dwellings and narrow streets. We were glad to again see the cotton and the corn.

At last we reached New Orleans on July 5th. Some of the party left for home that night, the rest remained until the following morning. We felt again at home on our ever faithful L. & N. road, and by the evening of July 6th all the party from Birmingham returned to their homes.

Our trip to California will ever be remembered as one of the happiest of a life time.

DISLOCATION OF ASTRAGALUS WITH REPORT OF A CASE.

By B. G. Copeland, M. D.,

BIRMINGHAM, ALA.

In presenting this paper, I only desire to call your attention, first, to the importance of early interference for the correction of the deformity; second, the thorough removal of all foreign bodies, including spicula of bone as the result of injury; third, the necessity of thorough drainage. Dislocations of the astragalus, the varieties and causes, are, of course, described in all text-books and the pathology is familiar to us all.

The case I wish to relate is as follows: H. C. P., aged 45, fell from a trestle. As a result there was an immediate loss of motion in the right ankle, the foot being in the extended position and immovable, with a protuberance below and to the inner side of the internal malleolus and the accompanying symptoms of a contusion. An ineffectual attempt at reduction had been made by Dr. Oxford on the day previous, and I told the doctor before the patient was anesthetized the second time that, in my opinion, we would have to resort to the knife. This was agreed upon as a last resort, that is, we promised the patient that we would try once more, and if we failed by the ordinary manipulation, we would make an incision and by force replace the displaced bone. Accordingly a semilunar incision was made, about five inches in length, exposing the vessels, which were carefully guarded and displaced backward with the tendons, and when the fibrous structures were incised and the bone exposed there was found to be a rotation of the astragalus on its horizontal axis. In other words, the lateral surfaces were looking upward and downward, the trochlear surface to the inner side. My incision producing a compound fracture, several small pieces of the outer compact layer of the bone were removed.

Reduction could only be effected by the use of a periosteal elevator, used as a lever to support the leg and foot, while the astragalus was pulled in position by the means of a sharp retractor. After thoroughly exposing the parts and having all structures directly under the vision, it was plain that even under these circumstances, the correction of this deformity was not easy, and by any other method it was an impossibility. The patient made an uneventful recovery, and today, six months after reception of injury, he is unconscious of having ever possessed a lame foot.

Referring again to the first statement made, that is, the early correction of these deformities, I would say that, in my opinion, this rule should be adopted the first time the patient is seen. We will thereby avoid such operations as excision, Symes' amputation, also prolonged recovery from sloughing, and in all cases a permanent cripple. Secondly, the above mentioned bad results are caused by spicula of bone and pressure producing suppuration, etc. Thirdly, drainage through and through the joint was indicated in this instance as in all joint injuries, the drain, of course, being in the most dependent part, and in this case in front of the tendon Achillis. This operation requires a very thorough technique and a large antiseptic dressing, with the application of a plaster-of-Paris splint for the immobilization of the parts.

The above case was reported by Dr. Copeland at the sixth annual meeting of the Ass'n of Surgeons of the Southern Railway Co. at Mobile, May, 1901, and published in International Journal of Surgery. —Editor.

CONECUH MEDICAL SOCIETY.

There was a regular quarterly meeting of the Conecuh Medical Society, Wednesday, 2d inst.

The following officers were elected for the year 1902: P. M. M. Bruner, M. D., president; Andrew Jay, M. D., secretary and treasurer; A. A. McKittrick, M. D., county health officer and censor.

The following subjects were discussed: Scarlatina, Pus in Chest from gun shot wound, Puerperal Fever, Pyaemia, and sundry prevailing affections. Dr. Marcellus McCreary discussed about Scarlatina. At request of the society he has promised to contribute an article on his recent affliction, Pyaemia, for publication in the Alabama Medical Journal. Dr. W. B. Shaver also took part in the discussion.

It was a most interesting, harmonious and profitable meeting, and it was unfortunate for the doctors absent to have missed it. This society is in affiliation with the Alabama Medical Association, from which flows incalculable benefits to the people.—Member.

Editorial.

JNO. C. LeGRAND, M. D.,.....Editor and Prop.

COLLABORATORS:

T. W. Ayers, M. D., Anniston, Ala.
H. A. Moody, M. D., Bailey Springs, Ala.
J. T. Searcy, M. D., Tuscaloosa.
W. E. B. Davis, M. D., Birmingham.
J. A. Goggans, M. D., Alexander City.
Goldsby King, M. D., Selma.
Frank T. Smith, M.D., Chattanooga, Tenn.
John Brownrigg, M. D., Columbus, Miss.
J. B. S. Holmes, M. D., Atlanta, Ga.
Nathan L. Clarke, M. D., Meridian, Miss.
E. D. Bondurant, M. D., Mobile.
B. L. Wyman, M. D., Birmingham.
Thomas D. Parke, M. D., Birmingham, Ala.

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A Medical Library.

At the meeting of the Jefferson County Medical Society, held Oct. 14, 1901, a committee was appointed to consider the question of organizing a medical library. Dr. Geo. S. Brown is the prime mover in the matter, and he is chairman of the committee. The suggestion for a medical library in Birmingham, to which all of the members can have access, is, in our opinion, a matter which should at once have the sup-

port of every doctor in the city. It is more than probable that a majority of the medical journals can be had at a nominal cost, and many books, periodicals, magazines, etc., can also be had at a reduced price. Aside from the journals, books, magazines, etc., which will be accessible to the members, we see in this organization much good to the profession. It will afford an opportunity for the doctors to meet each other, cultivate those social relations which can only elevate, strengthen and make more pleasant the work which the physician has to do. When we insist that we, as a profession, and as individual members of the profession, need just such an organization as this library association would be, we do not do so in any spirit of criticism, but we are candid in the opinion that many of the little unmanly, unprofessional jealousies which are seen and felt many times in medical circles—not in Birmingham especially—would never exist if an opportunity was afforded by which we could know each other better. We think we see in this organization much good to the profession in Birmingham, and hope the committee will be able to decide upon some feasible plan by which it can be accomplished.

The Medical Association of the State.

The next meeting of this Association will be held in the City of Birmingham in April, 1902. We are pleased to see that the local profession are already beginning to discuss plans and means to make the next meeting of the Association a success. The local members of the profession in every city where the Association convenes can do a great deal towards making the meetings interesting, profitable and successful, by taking an interest in preparing for them and attending upon its sessions.

We are gratified to see this early interest on the part of the doctors in Birmingham and Jefferson County, and hope that it will be the means of making the meeting next year one which every doctor in the State will be justly prond of. It should be the pleasure of every doctor in Alabama to do whatever he can to make the meetings of the Association profitable to the profession. It is a matter which the profession of the State can justly feel a pride in, that the Association of the State, made up as it is of the county societies, is year by year growing in favor with our doctors, and receiving favorable comment from other States.

The President's Death.

The people of this country honored and loved President McKinley. The poor, the rich, men high in position, as well as those in the humbler walks of life feel that a personal loss has been sustained. No President, no man, could have enjoyed to a greater degree the respect and esteem of his fellow-citizens than did President McKinley. No people of this great country of ours could have been clothed with more sincere grief and mourning on account of the sudden and unexpected death of the President than the people of the South. McKinley loved his country; he loved the South and the people of every section of the country. The surgeons did all that could have been done to save the life of the President, and they deserve the respect and endorsement of every true doctor and surgeon for their heroic and skillful efforts in the performance of their duties, and no true medical man can find ground in any way to censure them. If the published reports are to be relied upon, and if we are to accept the opinion of the very best surgeons, all was done to save the life of the President that could have been done by human effort.

Some Points in the President's Case.

The Post-Graduate of New York, on "The Topics of the Month," contains the following condensed review of the case:

The great medical event of the month has been the assassination of the President while receiving his fellow-countrymen at the Buffalo Exposition. While, in the providence of God, his life was not to be spared, the surgical treatment of his case has demonstrated the immense advance of modern surgery in the treatment of gunshot wounds of the abdomen. A few years ago a wound of this character would have meant immediate death. If the surgeons had not attended to the stomach wounds as promptly and as skillfully as they did, the President could have lived but a few hours, and his death would have been from acute peritonitis.

It was fortunate, indeed, that such surgeons as Mann and Mynter and Park were on the spot, and that an hospital equipped with all the appliances of the modern hospital was available, for now the people of the whole country can rest assured that everything that surgical science can do was done in the case of President McKinley. There

can be no regret anywhere, or, for that matter, any criticism of the course pursued in the treatment of the distinguished patient. There was no delay on account of his exalted position, no faltering in the technical work, no error of judgment that could have been avoided. We say this advisedly and with full knowledge of all the criticisms that have been advanced. Let those who criticise stop to consider what they would have done had they been in the same position, and they will probably find that they would have adopted exactly the course that was pursued by those at the bedside.

It is possible that the cause of the infection that produced the change for the worse, and the rapid death of the President after he seemed out of danger, may never be revealed, but surgeons generally will always be convinced, probably, that it was an auto-infection rather than a poisoned bullet. All honor is due to the consideration of Dr. Herman Mynter in this case, too. It required a strong and a brave man to stand aside from such an opportunity because another had had more experience, and yet we, who know Dr. Mynter well, know that he was thoroughly equipped and perfectly capable of taking the first place.

This sad occurrence at Buffalo, illustrates the importance of the advanced training of our physicians and surgeons. Fortunately for us all, even surgeons of our small towns and even of our villages are becoming better and better equipped with sound learning and aseptic methods, so that wounds are now treated properly and efficiently at once, nearly everywhere, even in wildernesses or isolated homes, if it be only so that a surgeon can be found.

It is not twenty years ago since Marion Sims, even before Lister's principles were everywhere promulgated and understood, announced in our Academy of Medicine, that the abdomen should be opened, the ball searched for, and the wound closed by suture. He then stated, to an astonished and almost incredulous assemblage of Academicians, that this radical treatment offered something in otherwise hopeless cases. It was not long afterward that a New York surgeon—William T. Bull—was among the first, if not the first, to demonstrate the truth of what Sims said.

Women and the Practice of Medicine.

Our attention being called to the fact that women are not permitted to practice law in the State of Alabama, opens up the question as to their eligibility to practice medicine and engage in other professions. We refer to a discussion had in this Journal some ten years ago, as to the advisability of women engaging in the practice of medicine, and on this subject several distinguished writers took occasion to criticise the editor because of views expressed in an editorial, in which we expressed the opinion that women should not be encouraged to enter the practice of medicine, for reasons which we then gave and which we still maintain. The lamented Jerome Cochran, in a communication to the Journal, at the time gave the following views:

"In regard to the practice of medicine by women, I may be an ultra conservative, but my opinions are very definite and positive in disapproval of it. I do not object to the practice of midwifery by elderly women, by women over forty years of age; but I hold that even midwifery is not a proper occupation for young women, and for the older women I would have the practice confined to natural and uncomplicated cases; leaving instrumental and surgical obstetrics exclusively to male practitioners. I am even opposed to the special education of women as nurses. They make admirable nurses—the best in the world—but the female nurse only needs to be able to carry out the instructions of the physician. She does not need to know anything about the symptomatology and diagnosis of diseases, or about bacteriology, asepsis and antisepsis, or any of the special and technical knowledge they are taught in the training schools.

"In the same way, I am opposed to the teaching of anatomy, physiology and hygiene in the public schools. A little learning is a dangerous thing, especially when people's health and lives are at stake.

"I do not believe that women have been oppressed and repressed and put at a disadvantage because men have made the laws. On the contrary, in every stage of advancing civilization and in all nations, men and women have taken their proper places by process of natural selection and natural gravitation. Woman is not undeveloped man, but different, as the laureate has it; and it is best for both that their evolution shall follow the lines of their respective natures, so that the man shall become more manly and the woman more womanly. In all this there is no question of superiority and inferiority. The woman is superior to the man in all that is implied or foreshadowed by her organization. The man is superior to the woman in all that is implied and foreshadowed by his organization. And what I call organization ex-

tends to all the relations between the sexes in anatomy, physiology and psychology, and dictates for men and women both their respective places and duties in the sociological hierarchy.

"Men and women are intended to co-operate with one another—to assist and encourage one another, and it is always unfortunate when they enter into mutual competition. The man never does enter into competition with the woman in the woman's proper sphere of activity. The competition when it exists is always due to the encroachment of the woman—with the woman who is not satisfied to be what nature made her, but ambitiously aspires to invade the realm of masculine occupations—or the woman who has to make her own way in the world, and finds all proper feminine occupations overcrowded. But the masculine occupations are overcrowded also, and the women who put themselves in competition with men to make a living, are taking the bread out of some men's mouths, and at the same time placing themselves at a great disadvantage in the struggle for existence. Women complain that they are paid less for the same work than men. But in masculine pursuits they are less efficient than men and don't deserve the same pay. The woman, simply because she is a woman, is at a disadvantage in masculine pursuits. She is physically weaker; she cannot work so many hours in the day; her menstrual functions dominate her physical and her psychical life; she is more sentimental, more sympathetic, more emotional, more ideal; and so she is less fitted for the work in which men excel—for work requiring the strong arm, the persistent effort, the philosophic mind. She is charming as long as she is content to be what nature made her. She is a failure when she tries to be a man and do a man's work in the world.

"The practice of medicine is emphatically work for men. The physician in the discharge of the high duties of his profession should be a pure intelligence—an incarnation of strong will, and calm, clear, instructed judgment, with no emotional weakness and no sentimental sympathies. When the diagnosis is made, when the treatment is decided upon, when the operation is over, then and not till then he can afford to indulge in the emotional luxuries of sympathy and sentiment.

"A few masculine women may achieve some measure of success as practitioners of medicine. But the women who remain pure womanly never will. It is a sentimental fad just now to invert the order of nature and to make doctors out of women. It will not last. The laws of nature cannot be set aside or overcome."

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Fifteenth Annual Session Opens November 4, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further infomation, address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

New York State is to have an antitoxin laboratory in connection with the State Board of Health. Dr. H. D. Pease has been appointed director. Besides furnishing antitoxin, the laboratory will afford laboratory aid to physicians in the diagnosis of infectious diseases. —Ex.

The American Public Health Association, at Buffalo, passed resolutions favoring the re-establishment of the army canteen. There was but one vote against the resolutions, which was offered by Dr. Munson of the United States army, and seconded by Surgeon-General Gibson of the navy.—Ex.

Dr. E. H. Sholl, whose long and useful life has brought him in contact with hundreds of Alabama's leading citizens in the business, religious and social walks of life, and whose remarkable memory is a charming thesaurus of past happenings treasured there, recalled the fact, upon hearing of the death of the late Judge Bruce the other day, that he was the sole survivor of a dinner party of six sitting at the board of General Pope Walker in Huntsville in April, 1880. The party included General Walker, who was the first Secretary of War of the Southern Confederacy; Dr. Robert D. Webb, of Livingston; Judge John Bruce, ex-Gov. Lewis, Mrs. Walker and Dr. Sholl, who resided in Gainesville, Ala. Drs. Webb and Sholl were in Huntsville in attendance on an annual meeting of the State Medical Association. Dr. Sholl is also the sole survivor of five who constituted the session of the Presbyterian Church at Gainesville, Alabama, twenty years ago. A useful life, temperate habits and a clear conscience, such as Dr. Sholl is bound to have enjoyed his many days, are wonderful life preservers.—Birmingham News.

The Skin.—It has long been recognized that the gouty and rheumatic diathesis underlie a great many conditions which come under the care of the dermatologist. So important is the relation of morbid diathesis to skin disease that the French school has long dwelt upon what it has termed the "dartrous," or "herpetic" diathesis, supposed to underlie many cases of eczema, and which is closely associated with lithemia, or rheumatic blood taint. All forms of eczema—and especially the chronic variety—are most rationally treated by Tri-Iodides. Stubborn cases of psoriasis have yielded to this remedy alone. From the fact that Tri-Iodides contain iodine in an available form, it is obvious that the formula must be beneficial in the majority of syphilitic skin lesions.—Medical Essays.

The season will soon be here for the usual epidemic of coughs and colds, with thousands of cases slow to respond to ordinary treatment. The value of Petroleum at the very beginning of throat and lung troubles is acknowledged by leading physicians of this country and England, the results being quick and decisive.

The use of opiates or other narcotics that soothe and quiet temporarily is to be avoided. They disturb digestion and cause constipation, frequently doing more harm than good

Angier's Petroleum Emulsion with Hypophosphites soothes and heals the inflamed mucous membrane, and is the first thought of physicians who have used it in the treatment of coughs and bronchial troubles generally. Unlike codliver oil, it does not upset the stomach or disturb digestion, but puts the organs in a condition to assimilate and digest nutritious food, and it may be prescribed with confidence in all diseases where codliver oil has heretofore been indicated.

Philadelphia, Sept. 2d, 1901.

To Whom It May Concern:

We are pleased to announced that we have this day transferred our right and title to the Burgess Atomizer to the H. K. Mulford Co., of Philadelphia.

Messrs. H. K. Mulford Co. will hereafter have exclusive control of the Burgess Atomizer, and we respectfully request our former patrons to forward their orders to this firm for attention.

In this connection we desire to thank our friends for the support they have given the Burgess Atomizer, and know that the good name the Burgess Atomizer has won for itself will not only be fully maintained, but its field of usefulness will be extended under this new arrangemnt.

Very truly yours,

J. Elliott Shaw & Co.

"Divide and Conquer" is a motto as old as conquest, and it is curious that, in our modern days of "heterogeneity" and "specialization of function," we should have been so long in recognizing the value of the saw in reference to disease. It is perhaps true that the growth of specialties may be considered as the method whereby we are now reaching the logical rsult of that extreme which consists in the devotion of attention temporarily at least, to one disease. It is, indeed, a fact that has been often observed in the case of many and even of eminent men, that they have some one peculiar and altogether exceptional ability in one disease, or in one operative procedure. We spoke recently of the danger of bringing the attention of the lay-world too exclusively upon one disease. That danger might also exist even among medical men were it not for two facts. 1. All physicians must have a general medical education that will prevent narrowness. 2. The cure for an exaggerated attention to one disease is the attention of different men, and only for a time to many single diseases, whereby the whole profession is prosecuting special and co-operative attention in many special directions. Such a work has, we take it, been planned by Dr. Wyman in his Yellow Fever Institute, and we hope that he may establish similar institutes for tuberculosis, typhoid fever, and for all infectious diseases as soon as possible.—American Medicine.

SIMILAR TO THE EFFECT OF SUNLIGHT.

(From The Medicus, May, 1901.)

The physiological-chemistry of antikamnia, in disease, exhibits analgetic, antiperiodic, antipyretic and antiseptic functions. Its antiperiodic tendency is similar to the effect of sunlight, though differently expressed. However with antikamnia this latter function is materially aided when combined with other well-known drugs, such as quinine and the milder laxatives. The ideal combination I have in mind may be obtained in "laxative antikamnia and quinine tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative, is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, I might mention la grippe, influenza, coryza, coughs and colds, chills and fever, and dengue with its general discomfort and great debility. These tablets administered in doses of one or two and repeated every one or two hours are a perfect antiperiodic in malaria, and a perfect reconstituent tonic—an expression of solar life, light and energy in malarial anaemia.—L. P. Hammond, A. B., M. D., Rome, Ga.

WARFARE AGAINST THE MOSQUITO AT NEW ORLEANS.

The New Orleans Board of Health has determined to begin a fight against mosquitoes at once, instead of waiting until next spring, as was intended. Such experiments as have been made have tended to show that the nuisance can be reduced very materially if the work is begun even this late in the season. Only a part of the city will be freed of mosquitoes at once. Two wards have been assigned to four sanitary inspectors, who will devote their entire attention to them for several weeks, visiting every house, inspecting all water supplies and treating all possible places for the incubation of mosquitoes with oil. It has been decided to use kerosene oil in the cisterns. Crude Beaumont oil will be used in the gutters and open ponds. Dr. P. Michinard, of the Board of Health, will superintend the work.—N. Y. Med. Journal.

KOCH'S CLAIMS TO BE TESTED IN ENGLAND.

According to press reports, King Edward of England has appointed a commission to determine whether animal and human tuberculosis is identical, whether animals and humans can be reciprocally infected and under what conditions, if at all, transmission to man occurs, and the means of combatting it. The Commissioners are Sir Michael Foster, Secretary of the Royal Society; Dr. Sims Woodhead, professor of pathology in Cambridge University; Dr. Harris C. Martin, Professor J. McFadyean and Professor R. W. Boyce. The Commission has been granted the fullest powers and facilities, and the members have been urged to make a prompt report.—St. Louis Courier of Med.

NASAL CATARRH.

This condition, so prevalent at this season, yields promptly to treatment by thoroughly cleansing the nasal passages with a solution composed of two ounces of water and one Micajah Medicated Wafer, followed by an ointment, applied to the inflamed mucous membrane, of two ounces of Adeps Lanae and one half Micajah Wafer well rubbed together.

IN NERVOUSNESS DUE TO ENDOMETRITIS.

I have prescribed Neurilla to a lady who was suffering from Endometritis and very nervous as a result therefrom. I found that it has done her more good than anything she has previously taken.

T. L. Johnson, M. D., Greenbrier, Texas.

OLEAGINOUS SCIENCE.

There have been many reported "strikes" in oils, and now it is asserted by some scientist that petroleum is really a distilled and fossil fish oil? Is it possible that Norway cod were really at the bottom of the Standard Oil Company? Who can say? If science says so, one may go on downing the oil, but there is no downing science.

Hagee evidently believes in science and in oil in the same breath. In any event Hagee's Ol. Morrhuae Comp. is the outcome of scientific combination and adaptation. Its formula makes it a food of the greatest value in all wasting diseases and low states.

If there is anything better in the market we shall be glad to herald its virtues.—The Dietetic and Hygienic Gazette.

Have used Pil. Quin. Dad where quinine seemed to be indicated, and found it to act with the desired effect. I am also pleased with the manner in which it is put up.

T. E. Anderson, M. D., Statesville, N. C.

The Battle Creek Sanitarium Is a place where chronic invalids, especially those suffering from the various forms of indigestion, the diseases peculiar to women, constipation, chronic malarial poisoning, anemia, obesity, the uric acid diathesis, neurasthesia, migraine, and similar ailments are trained into health by the aid of systematic regimen, scientific hydrotherapy, massage, Swedish movements, Swedish gymnastics and other rational means. Most cases of Bright's disease, diabetes, locomotor ataxia, and many other maladies which are incurable under ordinary conditions, are greatly improved by the combined use of rational remedies and systematic regimen, and many are practically cured. Extensive bacteriological, chemical and microscopical laboratories connected with the institution afford excellent facilities for accuracy in diagnosis and original research.

THE INSTITUTION IS CONDUCTED STRICTLY WITHIN ETHICAL LINES.
For information concerning the facilities afforded, terms, etc., address
THE SANITARIUM, Battle Creek, Mich.

ALCOHOL IN CARBOLIC-ACID POISONING.

Favorable reports of the antidotal action of alchol in carbolic-acid poisoning continue to appear. Rodman (Merck's Arch., Aug., 1900) reports a case of carbolic-acid poisoning in which about two ounces of the pure acid had been swallowed. When first seen, the patient was in a state of profound collapse. Four ounces of alcohol were poured into a stomach tube passed as far as the pharynx. Two or three minutes later the tube was pushed down to the stomach, and the latter was then washed out with warm water and again with diluted alcohol. Within an hour consciousness had returned and the general condition was much improved. In a few days recovery was complete. In an editorial on "Carbolic Acid and its Antidotes" (Merck's Arch., Dec. 1899), the writer states that of all antidotes for carbolic acid the best-lauded one for promptness in results is alcohol, which was first suggested by Phelps and Powell. The writer has taken pains to look up a large number of reported cases of carbolic-acid poisoning that have occurred in the past, and finds that where no alcohol was given, in cases that were known or reasonably believed to have retained sixty grains or upward of absolute carbolic acid, the termination in nearly every one was fatal. On the other hand, in all cases where alcohol was given, under the same conditions, the patients survived, although the physicians in attendance had no idea that alcohol possessed any specific antidotal action. (The alcohol treatment of carbolic-acid poisoning is certainly a great advance. Success depends largely upon promptness, and this should be strongly insisted upon.)—Amer. Year-Book of Med. and Surg., 1901.

CASE OF RECOVERY AFTER ABSCESS IN THE LEFT FRONTAL LOBE.

At the Berlin Medical Society, Herzfeld (Med. Press & Cir., vol. 72, no. 3245) shows a young man age 20. The patient came to the Klinik on May 15; he had nasal catarrh first on the right and then for three weeks on the left side, then he had severe left frontal headache of a malarial type. Examination showing swelling of the mucous covering of the turbinated bones, copious purulent discharge, high temperature (40°C.), and slow pulse, 86 at first, later 50. The speaker, from the character of the pulse, concluded that intracranial disease was present. On May 22d he trepanned the left frontal sinus; this contained much pus and granulations. The posterior wall of the sinus was carious, and could be penetrated with a probe. This was removed when the dura mater projected. No pus appeared at first. Then a piece of frontal bone was opened, the dura mater split, when a large quantity of pus escaped from the subdural space. A small

fistula led into the abscess cavity proper. This was enlarged until the finger could be passed in. The result was favorable. The rather large intradural and intracerebral abscess had caused absolutely no other symptoms than those named. The intelligence had in no way suffered except for slight weakness of thought.

TREATMENT OF SIMPLE GOITER IN THE YOUNG.

In a recent article (Edin. Med. Jour., Aug., 1900) on goiter, Murray says that the most favorable cases for medical treatment are undoubtedly those of simple parenchymatous enlargement of the thyroid, which commonly occurs in the adolescent and young adults. In these cases the whole gland is uniformly enlarged and which has taken place gradually and painlessly. Not infrequently the enlargement is only evidenced by a fullness of the neck and which often escapes notice until the goiter increases and causes an undue tightness of the collar, this attracts attention, and as the goiter still grows it causes discomfort and in some cases there is dyspnea from compression of the trachea. It is quite probable that this enlargement of the gland is a physiological one which occurs in response to an increased demand for its secretion. The wave of hypertrophy set in motion, however seems unable to limit itself and passes on to a pathological condition In these cases thyroid extract seems to supply the extra amount of secretion demanded and thus stays the hyperplastic development of the gland which passes into a resting condition and later undergoes a partial atrophy which can be demonstrated by its visual diminution in size The enlargement is comparable to that of the mammary gland during lactation which returns to a resting condition and decreases in size as soon as the child is weaned and the demand for its secretion ceases.

WHEN IS GONORRHEA CURED.

Paul Thorndike in the Boston Medical and Surgical Journal for February 7th, says in answer to the question, no one knows.He goes on to discuss the question in detail and concludes that the methods of examination at present at our commands are fairly adequate to determine in any individual case whether there are still contagious possibilities in that case.

That the methods of treatment at present at our command are adequate for the treatment of those cases where remnants of disease are found.

That all such remnants of disease should be treated whether they

contain gonococci or no; and that they can be intelligently treated only after they are found and located.

That there are a few cases where the remnant of discharge persists, but where no cause for its persistence can be found by the writer in spite of many most careful efforts. Some of these cases must probably be allowed to marry with traces of discharge still discoverable; but none such should marry until every possible effort has been made to demonstrate its non-contagious character and until the possibility of future trouble has been explained. It is the writer's custom to have more than one opinion in any case of this kind. —The Charlotte Medical Journal.

Professor Senator (Berl. klin. Woch., Nov. 15, 1900) treats hemoptysis with absolute physical and mental rest; restricted diet; icebag on the chest; hydrastis, stypticin hamamelis and lead acetate. Ergot is declared to be useless. The employment of gelatin is rational but its subcutaneous administration very painful. He recommends a ten per cent solution in teaspoonful dose. This will probably benefit and is at least harmless and nutritious. Sedatives are indispensable; morphine and dionin are perhaps the best. Digitalis is indicated if the heart's action is turbulent. The fever is abated with cold water sponging or with spirits of camphor or menthol. The internal administration of phenacetin, lactophenin, citrophen or pyramidon is useful. Guaiacol in doses of eight to twenty-four min., may be applied to the skin for reduction of temperature, but caution should be used for fear of collapse. For night swets inunctions of fresh lard in the evening and washing with brandy in the morning is very effective. Painting the skin with formaldehyde is sometimes useful. A portion of the skin is painted with a twenty per cent solution of formaldehyde and covered with cotton and guttapercha tissue. This will prevent perspiration for several days. The internal administration of atropine, agaricin, sodium tellurate, picrotoxin, cotoin or sulphonal are also beneficial in exhausting night sweats.

The efficacy of mechanical appliances requires study and practical experience. The nam of FLAVELL upon goods is proof that the article is designed especially for its objective treatment. Thousands of physicians testify to the merits and reliable construction of the Elastic Stockings, Abdominal Supporters, Trusses, etc., made by G. H. Flavell & Bro., 1005 Spring Garden St., Philadelphia, Pa.

Abstracts.

The Untoward Effects of Anaesthetics.

It has taken a long time for the profession to realize that to set up complete anaesthesia and maintain it for a considerable length of time is a serious matter. Not that we shrink from it now any more than formerly, but we do it with the full consciousness that it is not free from danger; consequently we are more intent on guarding against severe and even troublesome after-effects, and the result is that anaesthetization as now conducted is less perilous and less unpleasant than was once the case. We believe that in all our large hospitals the management of anaesthetics is as pleasant and safe for the patient as our present knowledge admits of its being, and we believe also that outside of hospital walls the same carefulness is exercised in the great majority of instances; nevertheless, we are quite convinced that there are still too many practitioners who are not sufficiently impressed with the necessity of sparing no pains to promote the patient's safety and comfort. We therefore think it well to call attention to some excellent remarks made at a recent meeting of the Chelsea Clinical Society, London, by Dr. J. Blumfeld, a hospital anaesthetist (Clinical Journal, August 7).

In the first place, as to vomiting, Dr. Blumfeld remarks that the transitory vomiting that so commonly follows on emergence from the anaesthetic condition is more apt to be induced by the use of ether than by that of chloroform, but the severe and protracted vomiting occasionally met with is more apt to be due to chloroform than to ether. The vomiting that follows anaesthetization is essentially of central origin, since it occurs also when the anaesthetic is administered by the rectum; nevertheless, its occurrence is favored by an accumulation of material in the stomach, such as mucus which has been swallowed and, in cases of intestinal obstruction, matter consisting mainly of water, haematin, ferments, and altered blood-pigments regurgitated from the intestine. To remove this material, the stomach should be washed out before the anaesthetic is administered. Mingling with collections of mucus, milk has a tendency to form a stringy mass which is vomited with difficulty; hence Dr. Blumfeld thinks that milk is not suitable as the first thing to be taken into the stomach after an operation. The "preliminary starvation" to prevent vomiting is sometimes carried too far, especially in the case of infants. A child at the breast should be nursed not more

than three hours before an operation; the author has seen serious collapse after circumcision which he believes was due solely to the fact that the child had not been fed for seven hours. It is well to put a baby to the breast at the end of an hour after it has regained consciousness. Vomiting from anaesthetics is much aggravated by moving the patient, especially if he is jolted and his head is allowed to dangle about; hence, so far as practicable, a patient should occupy during an operation the bed on which he is to lie subsequently.

When a person in a state of collapse is to be operated on, no special preliminary step is necessary if ether is to be used, for that anaesthetic is of itself sufficiently stimulating, but the administration of chloroform should be preceded by a subcutaneous injection of strychnine, and when the patient is under the influence of the chloroform, a pint or more of water at a temperature of 105° F. may be mixed with two ounces of brandy and slowly injected into the rectum. Stupor lasting for weeks has occasionally followed anaesthesia, especially when the operation was upon the bladder or rectum. Insanity, usually of the maniacal type, has occurred in rare instances as a result of either the anaesthetic or the operation, and it is very dangerous to anaesthetize a person subject to recurring attacks of insanity.

Dr. Blumfeld does not deal with the matter of asphyxia from anaesthetics, but passes to a consideration of their occasional visceral effects. Chloroform, he says, is more apt to cause albuminuria than ether is; nevertheless, persons with renal disease already existing are better subjects for chloroform than for ether. Probably the liver is sometimes affected by the anaesthetic, for jaundice not infrequently follows an operation and "biliousness" is common. Chloroform may cause fatty or granular degeneration of the cells of various structures; ether causes such changes less frequently. As for "ether pneumonia," the author does not seem to believein its existence; when ether affects the lungs, it gives rise to a coarse bronchitis, most commonly in abdominal and breast cases, in which the pain of the wound and the bandaging make it difficult for the patient to cough up mucus. In such cases patients shold not be kept flat on the back for a long time, but be propped up and be allowed to turn on to the side even within a few hours after the operation. Many of the cases of the so-called "ether pneumonia" are doubtless instances of mild pulmonary embolism, a small portion of the clot forming in a ligated vein becomes detached and carried through the heart and into the pulmonary circulation. The fear that a patient may "catch" pneumonia from the apparatus used in anaesthetization seems to the author groundless, for the vapor of ether is itself germicidical, and a well-cleansed face-piece is less likely to harbor germs than the patient's own mouth or the air of the room in which

he lies is. In very rare instances acute oedema of the lungs has been found in persons who had died shortly after taking ether. Occasionally both ether and chloroform give rise to protracted hiccough or yawning. Once in a while epistaxis occurs during the administration of ether, but soon ceases on the withdrawal of the anaesthetic.—New York Journal.

Chinese Medical Practice.

That the Chinese have maintained an orderly civilization longer than any other people of the world is true without doubt; that they have anticipated the fundamental principles of many modern inventions is freely claimed, but that their scholarship is other than superficial is certainly open to question. It would seem that they have been unable to arrange the facts they have learnd into any systematic science. Their knowledge of medicine, for example, comprises many useful empiricals, but no logical deductions have been derived from them, and the most absurd superstitions supply the deficiencies.

Dr. Jeanselme, who has resided for some years in China, contributes an interesting article to the Presse Medicale upon the subject of Chinese medicine. Their pharmacopia comprises innumerable medicaments from the three kingdoms of nature, though mostly vegetable. Mysterious virtues are ascribed to the horn of the deer and rhinoceros, and the tooth of the tiger. The most renowned panacea is ginseng. It cures all maladies and can abort them in their incipiency. Its high price encourages counterfeits, which are numerous. If the root is bifurcated, resembling the thighs of a man, it is believed to restore virility.

The most varied and heterogeneous substances are included in the therapeutic repertory, from gold leaf, sovereign against leprosy, to human bile and the urine of boys. A conglomeration of ammonia salts derived from privy vaults is prescribed as a diuretic. The polypharmacist is seen there at his best. Dr. Jeanselme gives one prescription containing cinnabar, oripment, sulphate of soda, metallic mercury, camphor, sulphate of copper, alum, chlorid of soda, arsenious acid, and a cuttle-fish bone. This was a prescription for syphilis.

On the other hand they use some simple and effective medicaments, such as iron, given as a reconstituent; arsenic for strumous affections, arthritism and paludism; mercury for syphilis; and sulphur for various dermatites.

Revulsives are often used and many Celestials bear the marks of chemical caustics. For forty centuries they have practiced acupuncture, using needles of gold, silver or steel. There are 388 points of insertion, according to the disease.

Massage is so common that it can hardly be considered a mode of treatment. Every barber is a masseur. The people often take hot baths, and are well aware of their usefulness in relieving fatigue.

The practice of medicine and pharmacy is free from state control. It is customary for the student to study the works of the masters for several years and then accompany a preceptor in his rounds. In villages the physician dispenses his own medicines; in the cities his prescriptions are filled by druggists. Specialists are numerous, especially in opthalmology and dermatology.

Nguyen Tan, a doctor of Hue, in Annam, is a fair example. The body, he said, contained four elements, fire or warmth, water or cold, air and blood. Disease results fom disturbed equilibrium of these elements, or of six principal organs, the lungs, heart, liver, kidneys, intestines and stomach. The heart produces the blood, but does not set it in motion. Each viscus secretes a special color; red comes from the heart, white from the lungs, black from the kidneys, blue from the liver, yellow from the intestine, or spleen. He studied anatomy from drawings, but had not dissected.—St. Louis Review.

Treatment of Blenorrhea and Diphtheria of Conjunctiva.

Prof. Schmidt-Rempler says the Crede method has accomplished little or nothing toward averting opthalmia neonatorum in quite a number of localities. Generally, however, the eyes were not cleared a single time. And in a number of cases, in spite of rules being properly observed, blenorrhea made its appearance without being traceable to the gonococcus. The author throws discredit upon the law with respect to the Crede method, and expresses the opinion that blenorrhea is not caused exclusively by the gonococcus. As regards treatment he is a firm believer in the efficacy of frequent irrigations with chlorin water. When astringents are necessary he thinks that most of them are equally good, and in intense cases should be employed. One cannot always avoid small corneal opacities, and when extensive involvement of cornea is seen, it must be attributed to kerato-malacia. The chief treatment is irrigation. In cases of adults, however, blenorrhea as a rule is to be attributed to gonorrheal infection, and it has a rather doubtful tendency to get well. He advises closing up the healthy eye in this class of cases, and he does not think that the installation into the eye of silver solution is advantageous, or rather a safeguard. He advises frequent irrigation of the affected eye with weak solution of koli hyper morg. lukewarm in temperature. Cold applications are indicated, and generally ice when

the lids are much swollen, and this should be kept up for two or three at a time. He advises koli hyper morg. irrigations in the treatment of diphtheria of the conjunctiva.—Annals of Ophth.

Washing the Pharynx and Larynx.

Heryng (Vienna Cor. Med. Press & Cir., vol. 72, No. 3250) is a firm believer in the gargle, but the patient must be taught with small quantities at first to take it well back by inclinations of the head, and allowing it to return by the nasal passage. The fluid should be cold at first and warm after. Ice must not be administered, because of the danger of introducing microbes into an already morbid passage. Three or four ounces of the gargle should be used for five minutes at a time to be of any service; this acts on the mucous membrane as hydropathy to the skin. As a prophylactic it is indisputable when epidemics of scarlet fever, diphtheria, angina, etc., are prevalent.

There are many cases where this form of treatment is contraindicated, such as post-diphtherial paralysis of the soft structures, glosso and labiopharyngeal, and recurrent paralysis, perforation of the hard or soft tissues, perichondritis, etc., etc., where the patient has no control over the fluid and where the spray is useful. He divides the medicaments into antiseptica, antispasmodica and narcotica, astringentia, and resolventia. Of the antiseptics the best is a sublimate solution of 1 in 2500; next comes salicylate and boracic, 1 in 200, and thymol, 1 in 1500.

Zawadzski has recently been experimenting with insoluble powders and gargling with methylene blue, or washing out the powders with simple water. His results were that the pharynx was never reached with a gargle, the tonsils sometimes, and the mouth always.

Disappearing Tumors.

Warthin & Spitzley (Med. News, vol. 79, No. 12) offer these conclusions:

1. That in spite of skillful clinical observation the ultimate behavior of a tumor is seldom to be determined except by microscopic examination, and that many seeming malignant neoplasms are taken to be such when really they are the outcome of an inflammatory condition.

2. That probably no true neoplasm, malignant in nature, ever disappeared except through retrograde changes induced into itself through infection of the tumor tissue, or through affections or infections of other parts of the body having, by reason of toxins, practically the

same effect. To this there are extremely rare exceptions, in which the disappearance of the growth takes place by an excess of retrograde process over those of growth.

3. That we must look to the inflammatory process, acute or chronic, for the explanation of the appearance and disappearance of these masses of tissue, which, before and even during exploration, appear to be actual new growths.

The Comparative Virulence of the Tubercle Bacillus from Human and Bovine Sources.

M. P. Ravenel (Univ. of Penn. Med. Bul., vol. 14, no. 7) reports a series of interesting observations, his conclusions therefrom being thus summed up:

1. That the tubercle bacillus from bovine sources has in culture fairly constant and persistent peculiarities of growth and morphology, by which it may tentatively be differentiated from that ordinarily found in man.

2. That cultures from the two sources differ markedly in pathogenic power, affording further means of differentiation, the bovine bacillus being very much more active than the human for all species of experimental animals tested, with the possible exception of swine, which are highly susceptible to both.

3. That tuberculosis material from cattle and from man corresponds closely in comparative pathogenic power to pure cultures of the tubercle bacillus from the two sources for all animals tested.

4. That it is a fair assumption from the evidence at hand, and in the absence of evidence to the contrary, that the bovine tubercle bacillus has a high degree of pathogenic power for man also, which is especially manifest in the early years of life.

Symptoms of Typhoid Fever in Infancy and Childhood.

Griffith (Journ. Am. Med. Ass'n, August 17, 1901) refers to recent articles on the subject of typhoid fever in infancy. The onset may be very insidious. "Walking" typhoid is exceedingly common; the child feels very weak and tired but does not care to go to bed. The mother may not notice fever for several days and only daily tests with the thermometer proves its presence. The second form of onset is characterized by its suddenness; the symptoms are vague; the disease is shortened and abortive attacks are common. Enlargement of the spleen is not often discoverable; the fever runs a similar course as in adults; the nervous symptoms predominate; abdominal symptoms are not marked; constipation is the rule.

The Scientist, the Practitioner, and the Antitoxin Treatment.

A. Rupp (Med. Record, vol. 60, No. 9) says:

1. It is now almost generally admitted that the diphtheria antitoxin antagonizes only the diphtheria toxin; and

2. It is now almost generally admitted that the amount of toxin in a person suffering from diphtheria is an unknown quantity, and

3. It is now almost generally admitted that the phenomena of diphtheria in the (clinical) sense are induced by bacteria and their toxins other than the Klebs-Loeffler bacillus, and

4. It is a demonstrated fact that many cases of clinical diphtheria are not specially Klebs-Loeffler in character, and that a great many Klebs-Loeffler diphtherias are barren of all clinical evidences of diphtheria; therefore,

5. It may be asserted that on so-called scientific and clinical grounds (the uncertainties of individual resistance in the human subject, the unknown quantity of the disease toxin, the known diminishing quantity and quality in the antitoxic serum, and the arbitrary dosage given by different administrators), as well as for clinical reasons (the impossibility of giving the remedy early enough and before the toxin can do its harm, for antitoxin is powerless against damage already wrought), that antitoxin is practically a remedy of very limited utility, and that the enthusiastic believer aims his variously loaded syringe at a vanishing possibility.

The Protozoon of Cancer.

Dr. H. R. Gaylord, of theUniversity of Buffalo, is not altogether fortunate in having been proclaimed in advance in the daily newspapers, as having demonstrated beyond dispute the parasitic origin of cancer. Such statements about scientific discoveries, when they filter beforehand through the newspapers, are more or less liable to be garbled, and to do both the author and his discovery some injustice by causing prejudice and prejudgment about his scientific work. We are now able to state authentically that Dr. Gaylor will publish early in May in the American Journal of the Medical Sciences in this city, a paper recording the results of his observations. He will give a full description of an organism, which belongs to the class of protozoa, and which he claims that he has demonstrated is the cause of cancer. In this paper he will report cases of the production of cancer in lower animals by inoculation with pure cultures of this germ. He will also present a summary of the length of life and of the gross lesions in

72 animals thus inoculated. He claims that this transfer of thedisease to animals has been accomplished by inoculation with germs derived originally from human patients, and cultivated outside of the human body, and that the positive identification of the disease in these animals is scientific proof of the accuracy of his discovery. He also attempts to show the correlation of the findings of various investigators with the different phases of the living cultivated organism as he has observed it. He even calls attention to the relation of the organism of cancer to the protozoon of smallpox. This latter organism was discussed in these columns only recently. Eventually Dr. Gaylord, we are told, will give an analysis of the histolgical findings in the 72 inoculated animals, but this summary will not be contained in the article here referred to. It is too soon, of course, to attempt to subject Dr. Gaylord's paper to scientific criticism. We refer to it here merely as a matter of promised medical interest. It has already been heralded so extensively that the scientific world will doubtless await the appearance of the paper with interest. It is need less to say that it is entirely too early to prophesy what effect this discovery, if it be confirmed by competent observers, will have upon the therapeutics of cancer. In conclusion, we may remind our readers that Dr. Gaylord claims that cancer is caused by a protozoon or animal parasite, not a bacterial or vegetable one.—The Philadelphia Medical Journal.

Pelvic Massage in Gynecology.

Louise Southgate, in the Cincinnati Lancet-Clinic of June, 1901 (Medicine, August), says that several different methods of pelvic massage have been advocated, but they may generally be divided into two types: those in which the manipulations are through the abdominal wall, and those in which bimanual massage is used, the uterus and appendages being supported by one hand in the vagina. A combination of abdominal and rectal massage has also been employed. As taught by Thure Brandt, pelvic massage is neither painful nor dangerous. He always employs the abdominovaginal and rectovaginal forms. In the former the vaginal finger is placed in the cul-de-sac, and very slight pressure is made upward, while the abdominal hand "masses" with slight rotary movements. It is admirably assisted by the gymnastics which he employs, which consist of a voluntary contraction of the muscles against resistance. The writer has employed pelvic massage in thirteen cases, and has had abundant opportunity for observing its application in the gynecological clinic of Auvard at Paris. Under its use pain and soreness in the pelvis is

rapidly relieved, exudates are absorbed, and adhesions are broken up. Subinvolution is reduced and enlarged fibrous ovaries are diminished in size. In lax vaginal walls and retroverted and prolapsed uteri without complications the results have been excellent. In cases of dysmenorrhea of many years' standing, with adherent ovary, relief has been obtained.

Arteriosclerosis and Hypertonus, Connection Between.

Recurring or continued hypertonus leads to hypertrophy of the muscular media of the arteries, under the physiological law that increased action in muscle leads to its hypertrophy. This accounts for the thickened media. The thickened intima is to be explained by the circulation in the blood of deleterious substances of various kinds; these substances act on the subendothelial connective tissue, irritate it, and lead to its hyperplasia. Thus is obtained the completed picture of arteriosclerosis. The evolution of the changes occupies a varying time in different persons; in some the hypertonus comes early in life, and in early middle age sclerosis is established. In some there is little physiological error, hypertonus is but an occasional occurrence, and sclerosis appears late in life. The capability of the arteries to contract when an excess of toxin is present is seldom lost, and that is the reason why the recognition of it in sclerosed vessels is a matter of such great practical importance.—William Russell (Lancet, June 1, 1901).

"Limping," Intermittent.

When a man complains that during the exercise of walking pains or paraesthesia appear in the legs, and that these pains disappear on resting, only to reappear after the walking has been again indulged in, the practitioner should examine the arteries of the feet to find out whether there is pulsation or not. If there is no pulsation in the dorsalis pedis artery (inter alia), the evidence is conclusive that the disease is "intermittent limping," and not rheumatism, sciatica, or neuralgia. The patients are generally between thirty and forty years of age. In personal experience, gangrene occurs in 28 per cent., and even when the disease does not lead to mortification is a serious progressive one. It sometimes remains stationary for many years. Reasonable local and general means to allay symptoms, good diet, an attempt to establish a collateral circulation, and rest are the indications to be followed in treatment.—S. Goldfiam (Neurol. Centralb., March 1, 1901).

Rectal Prolapse.

Treatment.—The treatments of rectal prolapse recommended are:

1. For prolapse of the mucous membrane only: reclining posture, adhesive straps, cauterization, or amputation.

2. For reponable, non-ulcerated prolapse of all the coats of the rectum and colon: invagination, removal of the cause, if possible, massage and electricity being tried. Should these fail, then one should resort to colopexy.

3. For incarcerated, irreponable ulcerated prolapse: circular resection, according to the technic of Mikulicz and Nicoladoni.

The operation of colopexotomy, procto-coccypexy, procto-sarco-coccypexy, procto-sarcopexy, Gersuny's twist, and the circular suture of Thiersch are rarely indicated.—J. Rawson Pennington (Cleveland Med. Gaz., Aug., 1901).

Meniere's Disease.

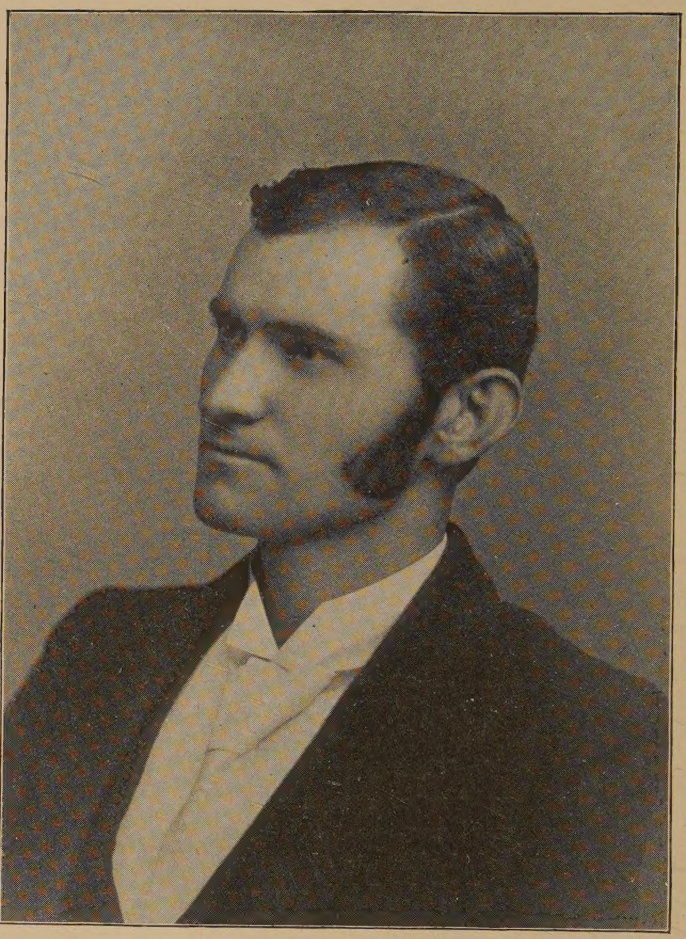
S. McCuen Smith (Philadelphia Medical Journal, August 17, 1901) says that this disease is a very rare one, defining it as apoplexy of the labyrinth, primary in its inception, occurring suddenly in one free from previous ear trouble and in excellent general health. He quotes Babinsky and others to the effect that the majority of cases involve basilar injuries or communicated pressure.

In many instances an injury to the brain substances proper, rather than to the semicircular canal, is unquestionably the cause of an inability to move in a forward direction.

He says it is desirable that "Meniere's Symptoms" should have proper recognition, but the term "Meniere's Disease" cannot be used, as at present, without adding to and perpetuating the existing confusion.—St. Louis Courier of Med.

Treatment of Diabetic Coma.

Heinrich Stern, (Journal American Medical Association, Dec. 8,) gives the following treatment: Enteroclysis of precipitated calcium carbonate, from two to six grams every three or four hours. The calcium carbonate is to be suspended in one litre of water of a temperature of 42°C., the suspension being facilitated by the addition of gum arabic. Stern is of the opinion that the unfailing control of the coma in every instance reported by him seems to be due to a specific action of the calcium carbonate. Possibly some of the precipitated chalk had reached a portion of the intestines, where, by the influence of acids upon it, carbonic acid was evolved, which in one form or the other, had found entrance into the blood-channels, there neutralizing the acidosis; possibly the calcium itself, probably after the liberation of carbonic dioxid, served as a base with which a toxic substance united to form an inert or innoxious compound.



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President Elect of the Southern Surgical and Gynecological Association, Session held at Richmond, Va., Nov. 13, 14 and 15, 1901.